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Health Equity Resource Toolkit for State Practitioners Addressing Obesity Disparities

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National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity, and Obesity

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Notice to Readers:

This document was created to provide examples of strategies and surveillance data which can be used to inform obesity prevention initiatives. Many of the examples and success stories listed in this document were conducted by organizations outside of CDC and the federal government and without CDC or federal funding. These examples are provided for illustrative purposes and therefore do not constitute a CDC or federal government activity or endorsement.

Links to non-federal government organizations found in this document are provided solely as a service to the reader. These links do not constitute an endorsement of these organizations or their programs by CDC or the Federal Government, and none should be inferred. CDC is not responsible for the content of the individual organization sites listed in this document.

The Health Equity Resource Toolkit for State Practitioners Addressing Obesity Disparities was prepared by Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity and Obesity with Stephen James, Lisa Hawley, Rachel Kramer, and Yvonne Wasilewski at SciMetrika, LLC.

Contents

Introduction

This section introduces the reader to the topic and the Toolkit. It will build the case for WHY addressing obesity through a health equity lens is so critical to our country's health. After reading this section the reader will feel motivated to read the following pages and resolve to take action on this important topic.

I. Purpose and Intended Target Audience of the Toolkit

The purpose of the Centers for Disease Control and Prevention (CDC) Division of Nutrition, Physical Activity, and Obesity (DNPAO) *Health Equity Resource Toolkit for State Practitioners Addressing Obesity Disparities* is to increase the capacity of state health departments and their partners to work with and through communities to implement effective responses to obesity in populations that are facing health disparities. The Toolkit's primary focus is on how to create policy, systems, and environmental changes that will reduce obesity disparities and achieve health equity. For the purpose of this Toolkit, "policy" refers to procedures or practices that apply to large sectors which can influence complex systems in ways that can improve the health and safety of a population. States are already conducting activities to address obesity across populations. This Toolkit provides guidance on how to supplement and compliment existing efforts. It provides evidence-informed and real-world examples of addressing disparities by illustrating how the concepts presented can be promoted in programs to achieve health equity using three evidence-informed strategies as examples:

1. Increasing access to fruits and vegetables via healthy food retail with a focus on underserved communities.
2. Engaging in physical activity that can be achieved by increased opportunities for walking with a focus on the disabled community, and other subpopulations that face disparities.
3. Decreasing consumption of sugar drinks with an emphasis on access to fresh, potable (clean) water with a particular focus on adolescents and other high consumers.

Though the Toolkit utilizes these three strategies as examples, the planning and evaluation process described in the Toolkit can be applied to other evidence-informed strategies to control and prevent obesity.

This Toolkit is a unique resource as it is developed at a state level for health departments and practitioners who work with and through communities, rather than solely addressing communities themselves. Its purpose is to inform state programs that seek to address obesity with a focus on health equity. CDC is also currently developing a *Health Equity Playbook*, which focuses on addressing health disparities from the community perspective and updating the document *Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health* [(1)]. As you plan and evaluate your state obesity and health equity programs, these resources may further enrich your understanding of health equity and social determinants of health.

II. Toolkit Organization, Content, and Use

The Toolkit is not prescriptive. It presents a process that can either be followed in the order presented or parts of the process can be referenced as needed depending on what makes the most sense for your state program.

The Toolkit is designed to give you an overview of a suggested process for planning, implementing, and evaluating a program to address obesity disparities. The Toolkit begins with an introduction of the burden of obesity in the U.S. and some of the disparities in the experience of that burden. The Toolkit then provides a description of a recommended conceptual framework, the Social Ecological Model, and follows with seven Sections which discuss the steps and ongoing considerations of the process.

Where you begin and the order in which you proceed within the planning and evaluation process will depend on the most pressing needs in your program. Some states may start with creating or strengthening partnerships, while others may be ready to plan an evidence-informed intervention to address a priority obesity disparity issue. It is likely that some of the Sections will be more helpful to you than others.

Each Section contains 1) **a basic description** of the steps of the process and suggested evidence-informed actions to help address obesity disparities, 2) **practical tools** for carrying out activities to help reduce obesity disparities, and 3) **a "real-world" case study** of a successful state-level effort to address obesity with a focus on health equity that is particularly relevant to the content in that section. Hyperlinks to additional resources are included throughout.

In addition to the resources, tools, and examples within each Section of the Toolkit, the Appendices provide resource lists to support your efforts. Appendices A-C contain resources relevant to obesity prevention organized by the three strategies mentioned above. Appendix D provides a comprehensive, centralized list of the tools, examples, and other resources provided throughout the planning and evaluation process laid out in the Toolkit, organized by the Section.

III. Health Disparities in Obesity and Obesity-related Risk Factors: Scope of the Problem

Obesity has been on the rise in the United States for the last 20 years and has reached epidemic proportions. In 1990, among states participating in the Behavioral Risk Factor Surveillance System (BRFSS), no state had an obesity prevalence rate equal to or greater than 15%, and 10 states had obesity prevalence rates less than 10% (see Figure 1 below). [(2)]

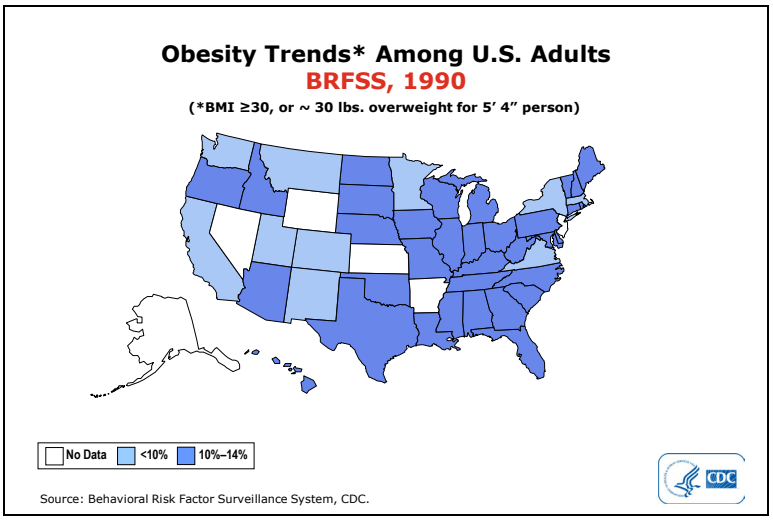

Figure 1. Obesity Trends Among US Adults: 1990 (CDC)

Twenty years later, obesity prevalence has increased dramatically. In 2010, all 50 states had obesity prevalence rates based on self-report of more than 20%, including 12 states that had prevalence rates equal to or greater than 30% (see Figure 2 below). [2]

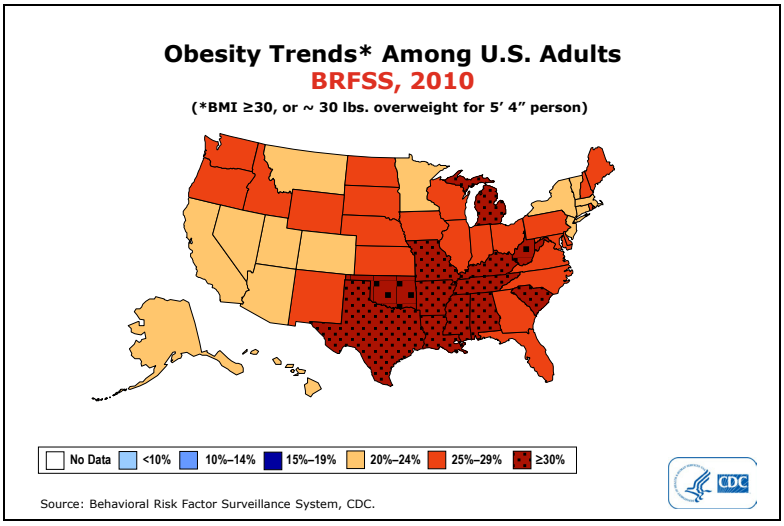

Figure 2. Obesity Trends Among US Adults: 2010 (CDC)

Experts predict that if current trends continue, by 2030 half of all Americans will be obese. [3] The increasing prevalence of obesity is most alarming when viewed in the context of its impact on overall health. Obesity increases the risk of many serious health conditions, [4] including:

- Coronary heart disease, stroke, and high blood pressure
- Type 2 diabetes
- Cancer, such as endometrial, breast, and colon cancer
- High HDL cholesterol and high levels of triglycerides
- Liver and gallbladder disease

- Sleep apnea and respiratory problems
- Osteoarthritis
- Reproductive health complications such as infertility
- Depression

Furthermore, obesity and its associated health problems have a significant economic impact on the individual and the U.S. health care system. [5] The economic impact of obesity results from:

- Direct medical costs such as preventive, diagnostic, and treatment services related to obesity and resulting conditions, and
- Indirect costs resulting from decreased productivity, disability, absenteeism, and loss of future income due to premature death. [6] [7] [8]

Annual medical expenditures attributable to obesity are estimated to have risen to 10% of all annual medical spending, or as much as $147 billion per year in 2008. [9]

Determinants of Obesity

From a biological perspective, obesity results from an energy imbalance, where energy intake exceeds energy expenditure. Genetics likely predispose some individuals to become obese, [10] and powerful biologic systems designed to prevent weight fluctuation can make losing excess weight difficult. [11]

Although on one level obesity is a function of biology and genetics, the roles of social, environmental, and economic factors in the obesity epidemic are becoming increasingly apparent. Obesity is impacted by the social environment, including societal norms for eating, physical activity, and body image; marketing activities; and cultural forces, such as food preferences. [12] [13]

Obesity can also be either facilitated or prevented by the "built environment," which is 1) the availability and accessibility of food and drink, and 2) the safety, accessibility, and existence of space for physical activity. [13] For example, "food desert" is a term used to describe an area that has few supermarkets, and "food swamp" is a term some have used to describe an area with an abundance of fast food restaurants and convenience stores. Food deserts and food swamps are associated with reduced healthy food intake and increased community obesity rates. [14] [15] The built environment is in turn affected by economics; for example, those in poorer communities often have limited access to affordable healthy foods and water but have ample access to affordable energy-dense, nutrient-poor foods and drinks, [13] such as sugar drinks.

Health Disparities in Obesity

Some groups within the population are more seriously affected by some of these determinants of obesity, which may have contributed to obesity health disparities. For example, studies have shown that food deserts, which encourage unhealthy eating and are tied to obesity, are most often found in low-income, rural, and minority neighborhoods. [16] [17] [18]

Race/ethnicity, [19] sex, age, geographic location (e.g., rural vs. urban), education, income, and disability have been tied to disparities in obesity prevalence. One vivid illustration of the disparate experience of obesity between races/ethnicities is found in the difference between non-Hispanic white and non-Hispanic black females' experience of obesity. Over the past decade, child and adolescent non-Hispanic black females have been nearly twice as likely to be obese as their white counterparts. [20] This disparity holds true for adult females as well; in 2009-2010, 58% of non-Hispanic black women were obese as compared to 32% of non-Hispanic black white women. [21] Resources for additional obesity disparities data can be found in Section II of this Toolkit.

The disparate experience of obesity within the US population should be a prioritized focus of prevention and treatment efforts. It is vitally important to address obesity by identifying and focusing on those populations who are most impacted. [22] Overcoming obesity disparities is an important concentrated effort that includes policy, system, and environmental strategies.

IV. Defining Key Terms

Certain key terms are used throughout the Toolkit, and it is important to define what is meant each time one of these terms is used. Because people routinely define and use these terms somewhat differently, below are a set of definitions obtained from various sources that outline the intended meaning and scope of these terms when used in the Toolkit.

Health equity is the "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities." [23]

Health disparities are particular types of health differences that are closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health and/or a clean environment based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. [24]

Social determinants of health are the "complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world." [25]

Health inequalities "which is sometimes used interchangeably with the term health disparities, is more often used in the scientific and economic literature to refer to summary measures of population health associated with individual- or group-specific attributes (e.g., income, education, or race/ethnicity)." [26]

Health inequities **"**are a subset of health inequalities that are modifiable, associated with social disadvantage, and considered ethically unfair." [(27)]

Conceptual Framework

This section presents the reader with a conceptual framework for addressing obesity disparities. Specifically, it describes the Social Ecological Model and the importance of focusing on evidence-informed policy and environmental level interventions to achieve health equity in obesity.

A variety of approaches can be used to address the obesity epidemic. This Toolkit addresses the epidemic using the Social Ecological Model (SEM) (see Figure 3). [28] The SEM depicts the relationship between health behaviors and individual, interpersonal, organizational, community, and social subsystems. [29] [30] [31] It effectively links the complexities of health determinants and environmental influences on health. [29]

While interventions to prevent obesity can effectively take place at multiple levels of the model, this Toolkit emphasizes policy, systems, and environmental level interventions. These high-level changes, particularly at the state and local levels, have the potential for a broader and more sustainable population impact than individually-oriented approaches to obesity prevention. [32] [33] With careful planning, there is the potential to have an impact on the obesity epidemic and, in particular, to reduce obesity-related health disparities often affecting lower income and some minority populations who are at highest risk.

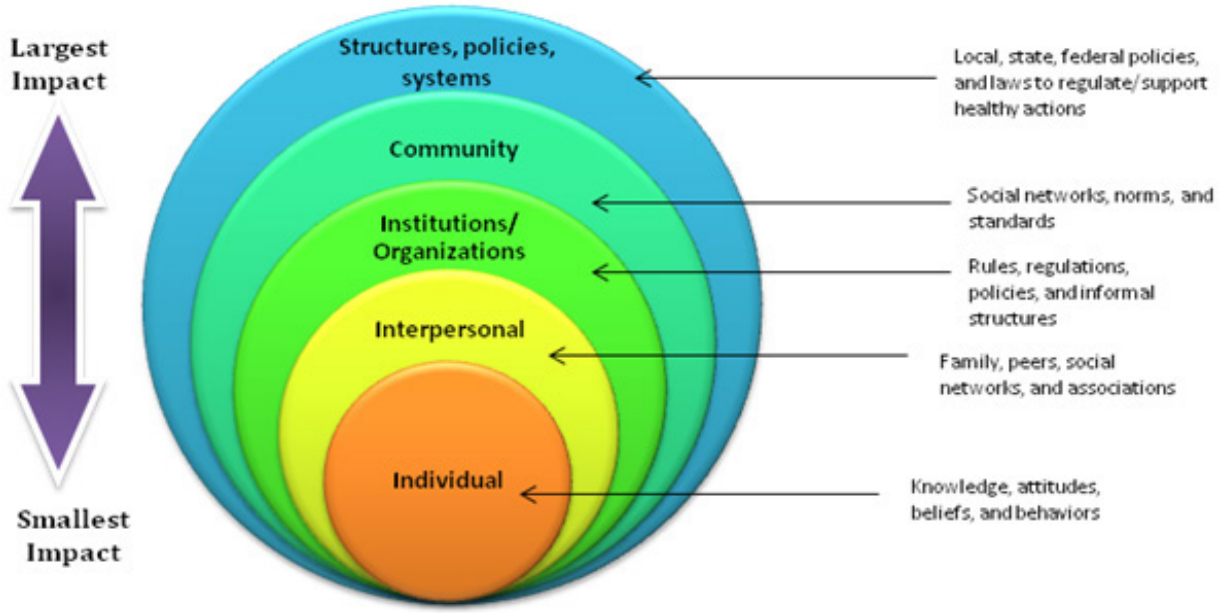

Figure 3: ***The Social Ecological Model.*** This Toolkit focuses on policy and environmental level interventions which are more likely to have a greater population impact on obesity and obesity disparities than individual-level interventions. Policy and environmental level interventions can cut across the outer three circles of this model: 1) Structures, policies, systems, 2) Community, and 3) Institutions/Organizations (adapted from the health impact pyramid). [34]

Incorporating Health Equity into the Obesity Prevention Planning Processes

This section will outline a process that details the HOW in the effort to achieve health equity in the area of obesity. The reader will review detailed information--including content appropriate examples--to further explain the steps necessary to implement successful policy and environmental level programs to achieve health equity in obesity. Additionally the section will contain practical, easy to use planning and health equity assessment tools/resources (e.g., SWOT analysis template, RE-AIM Framework) for the reader to use.

While many effective planning processes exist, this Toolkit presents a way to integrate key steps from a variety of planning and change models into a simple six-step planning process (for more information about general planning models, see Table 2 below). This section describes each of the six steps in the process (see Figure 2 below) and describes and provides resources to ensure health equity is addressed throughout the process.

Figure 4: ***The Health Equity in Obesity Prevention Planning Process***, a general planning process developed from multiple planning processes and models for this toolkit.

The six steps in the process of addressing obesity disparities through a health equity lens are outlined and developed in the Toolkit as follows:

- **Program assessment and capacity building**
  Internal and external assessments of programs and policies, such as Health Equity Impact Assessments and SWOT (Strengths, Weaknesses, Opportunities and Threats) Analyses, lay the groundwork for an effective obesity health equity initiative. Subsequently identified weaknesses in capacity can be addressed using a number of tools and resources referenced in this section. Resources are also offered in this section that broaden the vision of how to address health disparities, which can be an important and fruitful perspective shift in the early stages of the planning process.

- **Gathering and using data to identify and monitor obesity disparities through a health equity lens**
  State and community level data can provide direction as to how and where to concentrate obesity prevention efforts to achieve health equity. Quantitative data, including data collected through a Geographic Information System (GIS) or data on obesity and related behaviors (e.g., BRFSS), can be instrumental in identifying and monitoring obesity disparities and the factors that contribute to them. Links to several sources of quantitative data are listed in this section. Qualitative data can also offer a unique community or practitioner point of view on barriers to obesity control and prevention and how to overcome them. In this section you will find examples of qualitative data used by communities to identify barriers to healthy eating.

- **Developing multi-sector and non-traditional partnerships**
  Partnerships bring a number of assets to an initiative, including shared resources, increased power and strength, a greater likelihood of initiative sustainability, flexibility to adapt, and program champions. Engaging the community affected by an initiative throughout its development can especially add to its vitality and success. This section will walk you through the process of deciding which partners to bring into an initiative, highlighting tools that can facilitate this decision.

- **Applying a health equity lens to the design and selection of strategies**
  In this section, a series of steps is described through which partners are brought together to discuss data, prioritize an evidence-informed policy or environmental approach, assess the health impact of the potential approach, and design an implementation and communication plan. Each step is reinforced with resources and examples of how states have followed the step successfully.

- **Monitoring and evaluating progress**
  Monitoring progress can guide program efforts and help you quickly identify unintended negative consequences, and evaluation can measure the extent to which a program had the desired effect. When shared, evaluation results can contribute to the progress of the emerging field of health equity and obesity prevention and control. The evaluation section will provide the basics of creating a logic model adapted for planning and evaluating policy and environmental-level interventions; it also provides an overview of formative, process, and outcome evaluation methods to assess the success of policy and environmental change strategies. It connects the reader with

additional policy-level evaluation resources and measures, and provides examples of their application to the obesity strategies highlighted in this Toolkit.

- **Ensuring sustainability**
  Policy and environmental changes are often the most sustained approaches to improving public health. In addition to initiating a policy or environmental approach relative to health equity for obesity prevention in your state, there are a number of ways to further ensure sustainability. This section outlines frameworks and strategies to increase sustainability, including coalition building, developing a diverse financial base, and planning from the beginning with sustainability in mind.

Continuous communication and adaption for cultural competency is placed in the center of the figure to highlight the importance of communication and cultural competency throughout the entire process. Similarly, the tools that facilitate program design and implementation through a health equity lens can be implemented at a variety of points throughout the process.

The process can be used to inform, refine, and review new or existing policies and environmental level programs. Where you begin and the order in which you proceed will depend on where you are in the process as well as the most pressing needs in your program. Remember that you will want to focus on policy and environmental strategies to maximize the impact of your efforts.

Table 2: Planning processes or models and associated descriptions and resources

Model	Author(s)	Description	Resource
RE-AIM	King, Glasgow, & Leeman-Castillo	RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) provides a practical means of evaluating health interventions; primarily used in interventions focused on changing individual behaviors.	http://ajph.aphapublications.org/cgi/content/abstract/100/11/2076 Free web-based training module: http://www.center-trt.org/index.cfm?fa=webtraining.reaim
Precede-Proceed	Green & Kreuter	Provides a comprehensive structure for assessing health and quality-of-life needs and for designing, implementing, and evaluating health promotion and other public health programs to meet those needs.	www.lgreen.net/precede.htm
Needs/ Impact-Based Planning Model	Metro Toronto Council	A systematic approach to health promotion planning. The model sets priorities based on identified needs, potential strategies to address these needs, and the feasibility of the potential strategies.	www.thcu.ca/infoandresources/publications/Planning.wkbk.content.apr01.format.oct06.pdf

Model	Author(s)	Description	Resource
Strategic Planning Process	Bryson	Focuses specifically on planning in the public sector, and work is especially useful for developing mission statements. There is a gap between the goals and objectives of public sector programs and the results observed in the population which cannot be directly attributed to those programs.	www.thcu.ca/infoandresources/publications/Planning.wkbk.content.apr01.format.oct06.pdf

To ensure that health equity is addressed throughout the planning process, it's important to conduct a health equity impact assessment. Conducting a health equity impact assessment (HEIA) is a critical step toward addressing health inequities and their causes. HEIAs differ from standard health impact assessments (HIA) in their specific focus on understanding health equities and their intended purpose of informing approaches to reducing inequities, although the two can be used together. [35] Essentially, HEIAs allow users to see the health of their community, and the current and potential initiatives designed to address the health of their community, through a health equity lens. HEIAs can inform decision-making processes, improve policies, programs, interventions, and services that promote health equity, provide data to evaluate and monitor outcomes, and allow users to assess the future impact of these approaches.

There are also a number of other health equity tools which you can draw on in your policy and environmental level planning efforts, including:

1. THRIVE: Community Tool for Health and Resilience in Vulnerable Environments
   The Prevention Institute's THRIVE tool helps communities understand and prioritize the factors that influence the health outcomes of their vulnerable populations. It is organized by community level factors and key health problems such as poor nutrition and physical activity.

2. King County Equity Impact Review Tool
   This tool, developed by Seattle & King County Public Health, was designed to identify the impact of policies or programs on equity, assess impacts across populations resulting from disproportionate distribution, and make recommendations for programs and policies to mitigate negative impacts and improve equity.

These tools are designed to help ensure that interventions address health inequities at the policy and environmental level. A more detailed description of these tools and others, their application, and examples of HEIA tools are included in the next section, *Program Assessment and Capacity Building.*

Need a stronger base in health equity? Check out the following by clicking on the links:

A workbook from CDC, *Promoting health equity: A resource to help communities address social determinants of health* *http://www.cdc.gov/nccdphp/dach/chhep/pdf/sdohworkbook.pdf*

The website for *The Multnomah County (Oregon) Health Equity Initiative,* a county-wide collaborative effort to reduce health inequity through policy change http://web.multco.us/health/health-equity-initiative

The Unnatural Causes website, which has aggregated many key resources on health equity http://www.unnaturalcauses.org/resources.php

I. Program Assessment and Capacity Building

Program Assessment

The first step in developing an obesity prevention program with a health equity lens is to conduct a program assessment. A program assessment requires consideration of both the internal and external contexts in which the program operates. It uncovers critical information about internal and external capacities, the target population, and problem; identifies program strengths, weaknesses, and gaps; and facilitates development of program priorities, strategies, and action steps. There are a number of tools that can assist in conducting a program assessment, including 1) a Health Equity Impact Assessment and 2) a SWOT Analysis (Strengths, Weaknesses, Opportunities and Threats).

A **Health Equity Impact Assessment (HEIA)** consists of a set of questions that enable assessment of policy, program, service, or interventions for their current or future impact on health inequities. HEIAs can be used to evaluate a current program or policy, and they can also be used as a planning tool for a program or policy under consideration. By conducting an HEIA, you will get a sense of:

- What health inequities exist in relation to the health issue a program/policy seeks to address,
- How and where the program/policy will impact those health inequities, and
- How to evaluate the impact of the program/policy on health equity.

The Health Equity Impact Assessment guide facilitates implementation of the Health Equity Assessment Tool (HEAT). HEAT was designed to promote equity in health in New Zealand, but it has application to the United State as it targets people making funding, planning, and policy decisions.

Additional Resources for Health Equity Impact Assessments:

- National Association of County and City Health Officials' (NACCHO) Health Equity and Social Justice Toolkit helps local health departments explore and tackle the root causes of inequities in the distribution of disease, illness, and death. It covers subjects ranging from social justice theory to public health practice, and includes journal articles, video clips, reports, PowerPoint presentations, book references, action guides, websites, and more.
- Health Equity at Work: Skills Assessment of Public Health Staff is a report drafted by the National Association of Chronic Disease Directors' Health Equity Council (NACDD-HEC) which provides training recommendations for states based on an assessment of health equity skills needed by the public health workforce. While this report communicates recommendations to CDC, it is included in this Toolkit to facilitate discussion about potential educational and training activities at state-level health departments.
- Equity and Empowerment Lens is a resource developed by Multnomah County Health Department's Health Equity Initiative team to facilitate the application of a health equity lens to public health problems (click the PDF icon below).

- Seattle-King County's Equity Impact Review Tool provides guidance on identifying the equity impact of programs and policies while under development or when being considered for revision. This tool is designed for use at the county level but it can be adapted for the state level. The tool is used to assess how a program or policy has or will positively or negatively affect determinants of equity, including housing, education, built and natural environments, community economic development.

SWOT Analysis: Conducting a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis will help you to identify both the positives and negatives inside your program (S-W) and outside of it, in the external environment (O-T). Developing a full awareness of your organization or program's current status as it relates to health equity and obesity disparities can help with both strategic planning and decision-making.

Resource for SWOT Analysis:

- SWOT Analysis, available through the Community Toolbox, is a resource that defines the SWOT analysis process and facilitates the creation and application of the tool. This particular tool does not focus on health equities, so it is critical to also use a supplementary health equity tool such as one provided above.

Building Program Capacity and Infrastructure

Determine and Obtain Resource Needs

As your program assessment (including both the Health Equity Impact Assessment and SWOT analysis) unfolds, you are likely to identify gaps in staff and program knowledge, skills, and resources. Below is a list of trainings and printed materials that can help facilitate improvement in knowledge and skills related to health inequities.

- On-site training
    - The PolicyLink Center for Health Equity and Place is committed to achieving health equity as an essential component of a society that protects and promotes the well -being of all people. PolicyLink has developed a number of tools, reports, and references on strategies that reduce health disparities and create equitable communities. These are available at the PolicyLink website (www.policylink.org) at no cost, as are frequent legislative and policy alert updates and webinars. Both phone and e-mail inquiries are accepted. For more information about other services, please contact PolicyLink. Telephone: (510) 663-2333 E-mail: info@policylink.org

    - Unnatural Causes is a seven part documentary series with an associated toolkit and discussion guide about health equity useful for the lay-person and public health professionals alike.

- Online training
    - The Health Equity and Prevention Primer serves as a web-based training series for public health practitioners and advocates interested in policy advocacy, community change, and multi-sector

engagement to achieve health equity. The Primer helps practitioners integrate a health equity lens into their initiatives in pursuit of overall health.

- Online static (printed) materials
    - Why Place and Race Matter, produced by PolicyLink and the California Endowment, examines how environmental factors can be strengthened and enlivened to benefit the health of all communities.

    - Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health , is a CDC-published workbook designed for public health practitioners and partners interested in addressing social determinants of health in order to promote health and achieve health equity.

    - Broadening the Focus: The Need to Address the Social Determinants of Health, summarizes current knowledge and problems about the social determinants of health and a framework for seeking solutions for policymakers and advocates.

    - Tackling Health Inequities Through Public Health Practice: A Handbook for Action raises questions and provides a starting point to assist health practitioners in considering the potential for reorienting public health practice to address the root causes of health inequities, particularly with respect to restructuring the organization, culture, and daily work of public health.

Develop and Execute an Action Plan

Simultaneous to addressing program capacity needs through training, you will need to develop and execute an action plan consisting of big picture goals, timeline, responsible persons, data needs, and initial partners. The action plan should be developed, monitored, modified as necessary, and referenced regularly. Prerequisites to the action plan include:

- Initiate conversations and dialogues with key internal stakeholders and management that will facilitate the organizational changes needed to improve program capacity and infrastructure to address obesity
- Integrate community members most affected by inequities and key staff most familiar with these communities
- Include colleagues from outside the program or interest area to help ensure larger organizational buy-in
- Include an equity expert
- Use data that identifies vulnerable populations (race/ethnicity, language, income, geography)
- Develop a clear map of the intended outcomes

When you are working to develop this action plan, keep in mind the following points in order to produce a plan that will be effective, relevant, and sustainable.

- Focus on obesity disparities and their causes at the social and environmental level, not at the more narrow individual level, to ensure that interventions have a greater impact – recall the SEM diagram above;
- Consider systems and structures that can be modified and, as a result, will have an impact on equity in obesity;
- Focus on partnering with others in different sectors and at different levels (e.g., community or national levels) to effectively leverage resources (see Section III on partnerships);
- Create an environment of parity, inclusion, and representation in decision-making to ensure the best ideas are moved forward. [36]

Program Assessment and Capacity Building: A Case Study

The following case study illustrates how a Nevada collaborative used a report card of statewide health care regulations for child care settings, which was similar to a SWOT analysis in that it identified strengths and areas of improvement with regard to state regulations. Nevada makes provision for all child care providers, including those that serve low-income families such as Head Start, to receive education on physical activity and nutrition. The trainings are free and online, which is important for providers with limited funding and those who live in rural areas.

Promoting Healthy Beverages and Limiting Sugar Drinks through Child Care Provider Training Legislated in Nevada

When the Nevada State Health Division (NSHD) first received Communities Putting Prevention to Work (CPPW) funding and were developing their work plan with CDC, they were referred to a state report card authored by Dr. Sara Benjamin that assigned states a grade for their child health care regulations. Though Nevada was assigned the second highest grade of any state, the state report card revealed areas of potential growth and served as a starting point for their CPPW work plan development. They decided to focus their work plan on evidence-informed strategies to promote portion control and to set a standard of nutrition/physical activity education to providers in child care settings.

At that point the state consulted with other health organizations to coordinate efforts, including the Southern Nevada Health District (SNHD) and Washoe County Health District (WCHD). The NSHD, WCHD, and SNHD were acquainted through the state-level childcare advisory group. There was an early conversation between the two organizations in which they decided where to concentrate their efforts so they would complement one another. To coordinate their funded obesity prevention efforts, they decided together what would be done at the state level as opposed to the local or district level.

The NSHD then took their strategy recommendations to the Advisory Council to the State Program on Fitness and Wellness, also known as the Fitness and Wellness Advisory Council (FWAC). The FWAC purpose is to provide the Health Division of the Department of Human Resources with recommendations on the development, implementation, and administration of the State Program for Fitness and Wellness, including increasing public knowledge and awareness related to physical fitness and wellness, as well as educating Nevadans concerning physical fitness, proper nutrition, and the prevention of obesity, chronic diseases, and other diseases. The FWAC comprises high level representation from the state which facilitated the coordination. The Council decided to focus on setting a standard of nutrition/physical activity education for providers of childcare.

Prior to the state legislation, Nevada child care professionals were required to complete 15 hours of training each year. The legislation did not add to the total number of training hours required; rather, it specifies that two of those hours be dedicated to training child care providers on child obesity, nutrition, and physical activity. It also had no financial impact on either the child care providers or the state, as funding had already been apportioned for the development of child care training and they are provided online at no cost.

The University of Nevada at Reno (UN-R) Cooperative Extension was contracted to write the trainings and limiting sugar drinks and promoting healthy beverages in child care settings have been incorporated into the curriculum. The 6 new online training modules will be hosted on the existing Child Care Resource and Training website. The trainings are online, which makes them convenient for providers in rural areas and they are free, which made the program appealing to everyone.

To access the state report cards on state child care health regulations, go to: http://cfm.mc.duke.edu/wysiwyg/downloads/State_Reports_FInal.pdf

To follow the progress of the legislation from BDR to bill, and to read the reactions of the legislative committees, go to: http://www.leg.state.nv.us/Session/76th2011/Reports/history.cfm?ID=51

To read the final version of SB 27, go to: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB27.pdf

Nevada's child care training modules on physical activity and nutrition, like all of their trainings, will be available for free to child care providers regardless of their location at: http://www.fitfirstnevada.com/index.html

To see the 2010 Update of Legislative Policy Options impacting Child Obesity enacted by states, go to: http://www.ncsl.org/default.aspx?tabid=22156

For more information on this case study, you may contact:
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II. Gathering and Using Data to Identify and Monitor Obesity Disparities through a Health Equity Lens

Gathering state-level data on obesity disparities and social and environmental factors that contribute to them is an important step toward addressing obesity disparities through a health equity lens. These quantitative and qualitative data can be used to determine success in reaching goals and objectives. Keep in mind that data should drive planning not only in the very beginning, but throughout the development process. You might rely on readily available data from secondary resources such as those provided below, or you may opt to collect your own disparities data if the information you need is not readily available and you have the time and resources to do so. The data resources provided in this section primarily pertain to those working at the state level. Other important data exist at the local and community-levels and can be found in the forthcoming CDC *Health Equity Playbook*. [37]

Types of Data

Quantitative approaches typically answer "how many." They gather what is known as "hard data": scores, ratings, or counts. This type of information can be collected by methods such as surveys and knowledge examinations. Typically, quantitative methods use standard measures, and data collected can be aggregated. Quantitative data include surveillance data and Geographic Information Systems (GIS) data, which are the primary focus of this section. However, quantitative data can also be drawn from other sources, such as one-time surveys, commercial data, and census data. Surveillance data range from specific disease registries (population based, or hospital based), continuous or repeated surveys of representative samples of the population, to aggregate data for recording trends about obesity. GIS integrates computer systems and data for capturing, managing, and displaying a variety of geographic information. It is particularly useful for presenting data in ways that fosters identification of obesity disparity populations and the needs at the state, county, city, and neighborhood levels. There are several resources available to understand how to use GIS to address obesity disparities through a health equity lens.

Surveillance data resources

National Collaborative on Childhood Obesity Research (NCCOR): A catalogue of surveillance systems provides one-stop access to 85 surveillance systems, which provide a unique window on obesity-related policies and environmental factors as well as trends in relevant health behaviors, outcomes, and determinants.

Behavioral Risk Factor Surveillance System (BRFSS): The CDC's BRFSS tracks individual health behaviors, such as smoking, alcohol use, sexual activity, exercise, receipt of screenings, diet, obesity, and medication use measures. Data are collected each year and are available at the national and state levels as far back as 1984.

Youth Risk Behavior Surveillance System (YRBSS): The CDC's YRBSS monitors six types of health-risk behaviors among youth and adults, including unhealthy dietary behaviors and physical activity. They also measure prevalence of obesity among youth and young adults.

CDC State Indicator Reports: Highlights selected behaviors, policies, and environments that affect fruit and vegetable consumption, breastfeeding, physical activity, and child obesity.

Healthier Food Retail: Beginning the Assessment Process in Your State or Community: Provides a summary of state, county, and municipal data that are available to assess access to healthy retail foods.

Good Health Counts: This is a report that focuses on indicators associated with community factors and how indicator report cards can support community efforts to improve health.

GIS data resources

Built Environments and Obesity in Disadvantaged Populations describes health equity indicators in the built environment used to identify obesity disparities in 45 published studies.

Qualitative data are data that can be obtained using methods such as focus groups, in-depth interviews, concept mapping, and photo voice techniques where respondents contribute their knowledge and experience and highlight the assets, concerns, and solutions that are important to them for optimizing health.

Qualitative data resources

"Lights, Camera, Active": North Carolina is emphasizing the built environment perspective with this program. Kids around the state take 1-2 minute videos of things that are hindering them from walking and being physically active. The videos are presented to communities, local government officials, and legislators as a way to start discussion around related issues.

Food Desert to Food Oasis, a Community Health Councils program, uses qualitative data in the form of focus groups with grocers to identify barriers to providing more healthy retail food to the communities in Los Angeles in which they operated.

Using Data to Identify and Prioritize Populations

The data you gather using a health equity lens are necessary to gain an understanding of obesity disparities by target group, and to identify environmental and social factors that contribute to these disparities. Economic data regarding the costs of disparities are also important to consider and can help make the case for policy and environmental changes for decision-makers. All of these data can be used to systematically develop a strategic plan at the policy and environmental levels to reduce obesity disparities. This process is described in the Toolkit section *Applying a Health Equity Lens to the Design and Selection of Strategies*.

Need a stronger base in Geographic Information Processing? Check out the following by clicking on the links:

Using Maps to Promote Health Equity describes best practices for using maps to promote health equity. Commissioned by The Opportunity Agenda, in partnership with the Health Policy Institute at the Joint Center for Political and Economic Studies.

Mapping and Health Equity Advocacy demonstrates how to use health mapping data to implement environmental and policy level food programs using Chicago-based case studies.

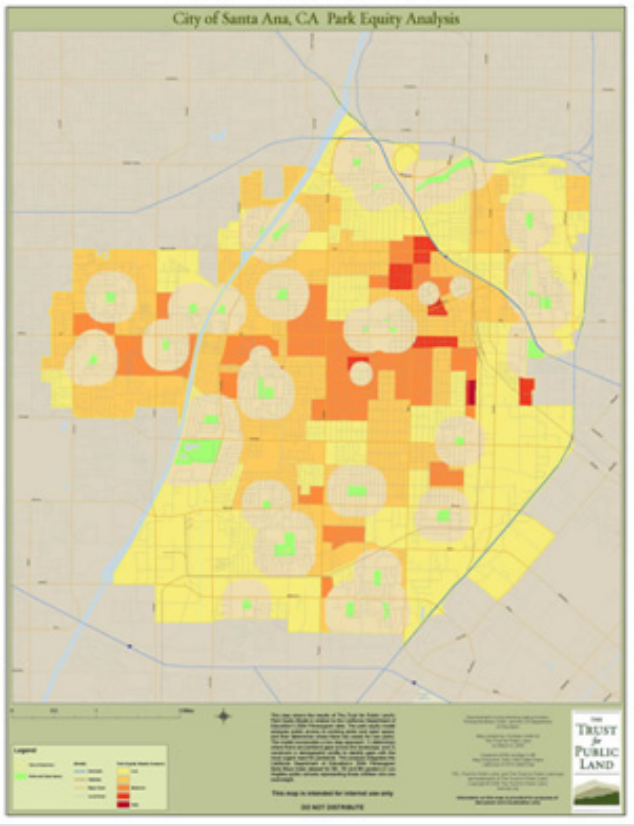
Gathering and Using Data to Identify and Monitor Obesity Disparities through a Health Equity Lens: A Case Study

As you can see, there is a variety of existing and potential data sources that can be used to identify and monitor obesity disparities. Geographic Information Systems (GIS) data are increasingly used to guide public health efforts. As the following case study shows, GIS data can be used to pinpoint areas in your state that offer residents limited access to healthy food retail or safe, accessible areas for physical activity.

Park Equity Mapping in California

Low-income communities of color are at increased risk of obesity and one contributing factor is limited access to physical activity settings, particularly in urban areas. [38] [39] [40] The Trust for Public Land (TPL) uses GIS technology to map access to physical activity settings such as parks, playgrounds, trails, and community gardens. These settings encourage physical activity such as walking, playing, gardening, hiking, pushing a wheelchair, and running, and they can promote intergenerational activity that supports a culture of physical activity for all ages.

There are two steps to this Park Equity Mapping process. First, local GIS data are gathered and analyzed using ArcGIS to determine gaps in park availability within a geographic area, and secondly a demographic profile is constructed to identify gaps in the most urgent need of physical activity settings. A park equity priority map can be constructed using the gaps in the park system and the socio-economic and health profile of geographic areas that might indicate health disparities (e.g., the number of overweight children in area schools, the percentage of low-income families).



Park Equity Analysis of Santa Ana, California. Used with Permission

TPL has developed park equity maps for communities across the country, and these maps are made available to community groups as outreach, educational, and policy change tools. In June 2007, TPL was asked to produce park equity priority maps by the Central California Regional Obesity Prevention Program (CCROPP), a 3-year initiative established by The California Endowment in 2006.

The city of Santa Ana in Orange County, California, was the focus of one park equity map. TPL partnered with a community-based organization, Latino Health Access, to assess park equity in low-income, densely populated, primarily Latino neighborhoods in Santa Ana. The park equity maps have been shared with city officials and the

school district to promote built environment changes, including joint use of school facilities by the community to facilitate physical activity.

TPL has recently embarked on a nation-wide study called the TPL ParkScore™ Project that will be released in April 2012. ParkScore™ is similar to Park Equity mapping, though they incorporate other variables to measure need and use a ½ mile walking distance versus an "as the crow flies" approach. They are rolling out the project in the 40 largest cities in the US and hope to expand from there.

To learn more about the Trust for Public Land and park equity mapping, and to download The Health Benefits of Parks white paper, visit: http://www.tpl.org/publications/books-reports/park-benefits/the-health-benefits-of-parks.html

You can find out more about the TPL ParkScore™ Project here: http://www.tpl.org/research/parks/parkscore/

To learn more about park equity mapping methodology, contact:
Breece Robertson
Director, Conservation Vision & GIS
The Trust for Public Land
breece.robertson@tpl.org

III. Multi-sector Partnerships, Non-Traditional Partnerships, and Community Engagement

Why Partner?

Effort to eliminate obesity inequities will require a sustained effort by multiple stakeholders: public and private, and regional, and local with a focus on the policy and health planning levels.

There are many reasons to develop multi-sector and non-traditional partnerships to address obesity inequities, including:

- Conservation/pooling of resources,
- Strength/power in numbers,
- Increased likelihood of sustainability due to diversity of participants,
- Program champions have access to other coalitions and resources, and
- Increased flexibility. [41]

The Importance of Multi-sector Partnerships and Community/Participatory Approaches

State Health Departments can engage in a ***multi-sector partnership approach,*** which is a partnership that results when government, non-profit, private and public organizations, community groups, and/or individual community members come together to solve problems that affect the whole community. Below are a couple of good examples of multi-sector partnerships.

Let's Go! is a partnership of leading health, business, and community-based organizations in Maine who have banded together to support a five year initiative to promote healthy lifestyles for children and their families. One component of the *Let's Go!* initiative is the 5210 program, which encourages individuals of all ages to each day consume 5 fruits and vegetables, spend no more than 2 hours in front of a screen for recreation, engage in 1 or more hours of physical activity, and consume no sugar drinks. The 5210 program has been implemented in a variety of settings, including schools, childcare settings, and workplaces, which has been facilitated by the *Let's Go!* partnerships. Other *Let's Go!* initiatives include the development of a number of toolkits, including a Workplace Toolkit of resources and health promotion materials to improve workplace health; and a School Nutrition Initiative that works with schools to improve nutritional value of school meals.

Below are two state plans to address obesity disparities that have a strong equity focus and were developed by multi-sectoral teams including community members, state and local health officials, and the private sector.

- Minnesota Obesity Plan: Minnesota Plan to Reduce Obesity and Obesity-Related Chronic Diseases 2008-2013

- Rhode Island's Plan for Healthy Eating and Active Living 2006-2012

A ***community/participatory approach*** encourages a variety of community participants to engage in the development of the obesity prevention intervention; each contributor has a voice. Generally, a team of people run the meetings with representation from members of the population of focus, state health and other government officials, interested citizens and academics, and variety of other agencies, schools, and institutions.

Steckler's CODAPT model, for "Community Ownership through Diagnosis, Participatory Planning, Evaluation, and Training (for Institutionalization)," suggests that when community participation is strong throughout a program's development and implementation, long-term program viability (i.e., institutionalization) is more likely assured. [42] State Health Departments can utilize a participatory approach to enhance health equity program planning.

Several resources on a community participatory approach are provided below:

Israel, B.A., Schulz, A.J., Parker, E.A., & Becker, A.B. (1998). Review of community-based research: assessing partnership approaches to improve public health. *Annual Review of Public Health, 19*: 173-202.

Seifer, S.D. (2006). Building and sustaining community-institutional partnerships for prevention research: findings from a national collaborative. *J Urban Health,* 83: 989-1003.

Innovations in Obesity Research: Using a CBPR Approach provides a resource that demonstrates the effective use of the Community Based Participatory approach applied to research on obesity. Many of the concepts and activities are easily transferrable to state-level program development.

Healthy Living Cambridge Kids: A Community-Based Participatory Effort to Promote Healthy Weight and Fitness is an article published in *Nature* which provides an impact evaluation of the program Healthy Living Cambridge Kids that utilized the community based participatory approach to address issues related to obesity.

With Whom to Partner?

It is important to look beyond traditional partnerships and across sectors for partners to create policy and environmental change that reduce obesity disparities. Planners, public works, parks, transportation, and others can all play a part. Similarly, consider engaging community members, schools, health insurance companies, non-health related private sector organizations, medical centers, and health foundations.

A couple of examples of broad-spectrum partnerships and collaboration are provided below:

Members of the NC Childhood Obesity Taskforce reached out to public officials, architects, housing officials, parks and recreation, transportation, businesses, school officials, planners, neighborhood associations, and the community to develop a plan to address childhood obesity, physical activity, and the built environment.

The Healthy Eating Active Living Convergence Partnership fosters policy and environmental change by working with partners in fields not traditionally involved in public health. The group is currently focused on changing transportation and food systems to develop active living environments and improve access to healthy foods. The funding partners include Ascension Health, the California Endowment, Kaiser Permanente, Kresge Foundation, Nemours, Robert Wood Johnson Foundation, and W.K. Kellogg Foundation. The technical advisors, PolicyLink, serve as the program director.

How to Identify Partners

It is important to learn and take into account the landscape of obesity prevention within your state. Based on the planning work you have completed (e.g., assessing and building program capacity, reviewing data), you can generate a list of potential partners ranging from community members to private sector businesses to religious organizations and begin to evaluate which are the best suited to provide input to and facilitate achievement of the overall goals of your project.

Below are several tools and resources that can be used to help you identify, select, and engage with appropriate partners.

- The Collaboration Multiplier is an interactive framework and tool for analyzing collaborative efforts across fields. It is designed to guide an organization to a better understanding of which partners it needs and how to engage them, or to facilitate organizations that already work together in identifying activities to achieve a common goal, identify missing sectors that can contribute to a solution, delineate partner perspectives and contributions, and leverage expertise and resources. Using the Collaboration Multiplier can help lay the foundation for shared understanding and common ground across all partners.

- The Community Engagement Guide is a tool developed by King County Public Health which promotes effective engagement and customer service with all county communities. Engagement activities include a range of approaches from informing residents to community-led efforts. Read the guide or view the Community Engagement Worksheet.

- Creating and Maintaining Coalitions and Partnerships from the Community Tool Box provides an extensive number of partnership tools that extend the entire process from selecting coalition membership to sustaining engagement of all parties and includes ideas and tools to ensure participation among diverse populations.

Developing Multi-sector and Non-Traditional Partnerships: A Case Study

The Pennsylvania Fresh Food Financing Initiative (FFFI), created in 2004, is an example of a public-private partnership that spans multiple arenas including health, policy, and economic development. By the time the initiative ended in June 2010, FFFI financed 88 supermarkets and fresh food retail outlets in underserved rural and urban areas throughout the state, creating and retaining 5,000 jobs in those communities. Total project costs exceeded $190 million. FFFI supported these projects with more than $73.2 million in loans and $12.1 million in grants.

A Multi-sector Partnership to Bring Affordable, Nutritious Food to Underserved Communities in Pennsylvania

FFFI funding provided incentives for the development of supermarkets and grocery stores in underserved communities where infrastructure costs are high and where credit was not available through conventional financial institutions. FFFI provided direct grants to operators/developers located in low- to moderate-income census tracts and underserved trade areas. A $40 million bank loan fund dedicated to financing supermarkets and TRF's Core Loan Fund served as the source of FFFI's debt capital. As projects repay their loans, TRF reinvests the proceeds to support additional supermarket projects in Pennsylvania. Grants and loans were used for land acquisition, equipment, construction loans, permanent financing, and workforce development.

The Food Trust, a nonprofit organization that works with communities to develop lasting and stable sources of affordable food, advocated for funding with the support of State Representatives Dwight Evans, Frank Oliver, and Jake Wheatley. FFFI involved the Commonwealth of Pennsylvania, The Reinvestment Fund (TRF), a community development financial institution, The Urban Affairs Coalition (UAC), a coalition of 75 partner organizations working to improve life chances for youth and young adults; and provide economic opportunity to low-income households, working families, and disadvantaged businesses; and The Food Trust. Each partner played a vital role in the success of the initiative:

- **Commonwealth of Pennsylvania** seeded FFFI with an initial $10 million investment, followed by another $10 million in 2006 and 2007. The State Department of Community and Economic Development provided programmatic oversight.
- **TRF** raised private capital to match the state investment and managed FFFI's lending and grant program, which included underwriting, and servicing the loans; providing technical assistance to supermarket operators and developers; monitoring the portfolio; documenting program outcomes; and assessing the program's economic impact.

- **UAC** helped a major Philadelphia operator to maximize the participation of disadvantaged businesses and workers in the construction of its FFFI-financed supermarkets.

- **The Food Trust** worked with Pennsylvania community and economic development officials, planning commissions, and supermarket industry officials, operators and developers to determine how they can best take advantage of the FFFI program.

The drivers of the success of the Pennsylvania FFFI include the following:

- Broad civic, public & private sector engagement in the development and implementation of FFFI
- Highly-skilled community development financial institution (CDFI) & food access organization to promote and manage the program
- Flexible program design
- Broad range of financial products, including grants
- Resources to market program & provide TA

FFFI has been cited as an innovative partnership model by the National Conference of State Legislatures, Harvard University Kennedy School of Government, and the National Governors Association. Seeing the success of the FFFI, several others have launched similar programs, in Illinois, New Jersey, New York, California and New Orleans, which have been facilitated by the Food Trust and The Reinvestment Fund. First Lady Michelle Obama has made improving access to healthy foods at affordable prices one of the cornerstones of Let's Move, her anti-obesity program, and President Obama has proposed $330 million for a Healthy Food Financing Initiative (HFFI) in the FY 2012 federal budget.

This case study was adapted from the following sources:

- The Reinvestment Fund (2010).*Pennsylvania Fresh Food Financing Initiative.* Accessed October 5, 2011 from http://www.trfund.com/resource/downloads/Fresh_Food_Financing_Initiative_Comprehensive.pdf
- Evans, D. (4 Mar 2010).*Pennsylvania Fresh Food Financing Initiative.* Report on Key Issues from the House Appropriations Committee: Budget Briefing. Accessed November 8, 2011 from http://www.ncsl.org/documents/labor/workingfamilies/PA_FFFI.pdf
- Center of Excellence for Training and Research Translation. *Pennsylvania Fresh Food Financing Initiative.* Accessed November 7, 2011 from http://www.center-trt.org/downloads/obesity_prevention/interventions/fffi/FFFI_Template.pdf

To learn more about FFFI, contact:

Patricia Smith
Senior Policy Advisor
The Reinvestment Fund
patricia.smith@trfund.com
Or
John Weidman
Deputy Executive Director
The Food Trust
jweidman@thefoodtrust.org.

An FFFI intervention translation template, including intervention materials, is available at the Center of Excellence for Training and Research Translation website: http://www.center-trt.org/index.cfm?fa=opinterventions.intervention&intervention=fffi&page=intent

IV. Applying a Health Equities Lens to the Design and Selection of Strategies

At this stage in the process, the efforts expended in the past – assessing your program, organizing and building capacity, gathering data, and developing partnerships—are rewarded. Your team is equipped with significant:

- Skill from the internal capacity building on health inequities, obesity prevention, and any other identified need(s);
- Knowledge from data gathering; and
- Support resulting from the thoughtful and strategic selection of appropriate partners.

At this point, you may or may not have assembled a core work group and established how it will function. However, when you do, it is important to spend time thinking about how the group will work together. The publications Building Multisectoral Partnerships for Population Health and Health Equity and Coalitions: State and Community Interventions are excellent resources that detail how to effectively establish and run coalitions or a core working group. Note that the latter guide is written in the context of tobacco, but has application within the context of addressing obesity disparities.

The next step is to assemble the coalition or work group to create and select the policy and environmental strategies that will substantially contribute to preventing obesity among the most burdened populations in your state. Again, this Toolkit focuses on strategies that reduce intake of sugar drinks, increase physical activity, and promote access to healthier food retail.

There are a variety of approaches that foster the development of sound health equity-focused obesity prevention evidence-informed strategies. These range from holding a multi-day workshop to assembling a work group or coalition that meets regularly. Whatever approach you choose, it is important that your process move through the following steps:

1. ***Collaborating with partners to review obesity disparities data.*** This step requires a review of the data by the group with special attention to any gaps or conflicts in information. Any identified issues that surface should be addressed prior to moving to the next step. To ensure that the data are understood correctly, they should be presented in a format understandable by all members of the group, taking into consideration education level, language, and familiarity with obesity prevention and health equity.

2. ***Engaging partners in discussions of how obesity disparities can be addressed through policy and environmental changes.*** This step requires the group to be familiar with policy and environmental interventions in the context of health equity and obesity. It is important to address any gaps in knowledge prior to engaging in this step. It is at this point that the group should start to put forth policy and intervention ideas. The BARHII (Bay Area Regional Health Inequities Initiative) Healthy Planning Guide is a resource that might help you to identify strategies related to the built

environment that support health equity. Similarly, the Multnomah County Health Equity Initiative Report can be a used as a tool to increase understanding of the impact of health equity-focused policies and environmental strategies at varying levels.

Additional resources that you may find useful while planning for this phase of the process include:

- CDC DNPAO Guidance Documents
- Recommended Community Strategies and Measurements to Prevent Obesity in the United States
- Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide,
- Tools for Developing, Implementing, and Evaluating State Policy, and
- A Systems-Oriented Multilevel Framework for Addressing Obesity in the 21st Century.

3. ***Preparing a review of policies and environmental options using a health equity assessment tool.*** A review of the entire list of policy and environmental strategies should occur in an organized fashion to ensure that all ideas were captured and to allow for any additional ideas to be suggested. Once the list is complete, it should be reviewed from the perspective of health equity impact. The Seattle-King County Equity Impact Review Tool and the Equity and Empowerment Lens are both tools designed to help assess the impact of a strategy on health equity.

4. ***Prioritizing health equity-related policy and environmental options.*** While it is appropriate that the group prioritizes the options, it may be worthwhile to also include specific populations within the State in addition to or in lieu of the coalition. Numerous techniques for prioritizing the options exist including multi-voting technique, strategy grids, or the nominal group process, all of which are explained in detail in the First Things First: Prioritizing Health Problems publication.

5. ***Developing an implementation plan including a communication plan.*** Once the group has completed the prioritization activity, both an implementation and communication plan should be developed to ensure that the activities are implemented. Good examples of state plans that focus on health equity include the following: Michigan, Oregon and New York.

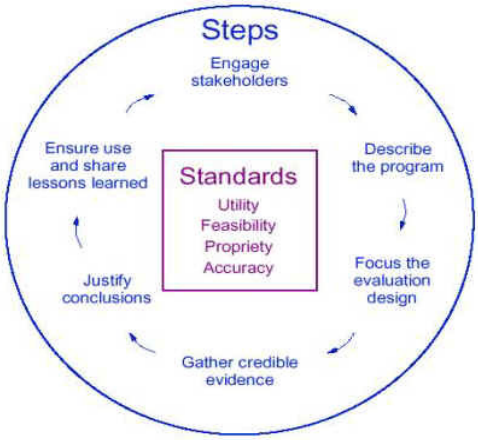
V. Monitoring and Evaluating Progress

This section of the Toolkit presents a framework that state health departments and their partners can use to plan for and evaluate policy and environmental change efforts to address obesity disparities through a health equity lens.

CDC Framework for Program Evaluation

Evaluation steps are universal to all types of evaluation, including evaluation of environmental and policy change strategies. The CDC Framework for Program Evaluation in Public Health (as depicted in Figure 6 below) uses the following process: 1) engage stakeholders, 2) describe the program, 3) focus the evaluation design, 4) gather credible evidence, 5) justify conclusions, and 6) ensure use and share lessons learned. The CDC Program Evaluation Framework also outlines 30 quality standards for program evaluation.

Figure 6. CDC Framework for Program Evaluation



CDC. Framework for Program Evaluation in Public Health. MMWR 1999; 48 (No. RR-11).

The CDC's Physical Activity Evaluation Handbook contains an excellent description of the application of these steps to the planning and evaluation of individual, environmental, and policy strategies to improve physical activity at the state and local level. It also contains easy to use tools to guide you through the evaluation process.

Policy/Program Evaluation Planning Framework

The evaluation of policy and environmental change to address obesity inequities begins with a program planning and evaluation framework. In addition to the CDC Program Evaluation Framework, another framework you may use to structure your evaluation is the Policy/Program Evaluation Planning Framework developed by the Center for Training and Research Translation (Center TRT) of the University of North Carolina at Chapel Hill.[43] This innovative framework, based on the CDC Program Evaluation Framework, is a logic model tailored to policy and other programs. The integration of the logic model with the CDC Framework creates a strong visual depiction of the linkage between the investments and the sequence of

activities chosen to promote policy and environmental change and their intended results. There are four core components to the Center TRT Policy/Program Evaluation Planning Framework:

A. **INPUTS** are resources, contributions, individuals or organizations, and investments that go into the program or policy. Depending on your approach, these may include policy makers, model policies, content experts, evidence-based approaches, etc.

B. **ACTIVITIES** are actions that take place when planning and implementing the policy and/or environmental change program. The following four overarching activities are expected:
1. Development is the first recommended activity, which includes: engaging stakeholders, defining the problem, raising awareness, advocating for change, selecting & adapting evidence-based approach(s), and drafting policy solutions, **2. Enacting** is the second activity, which includes: engaging policy makers, establishing the policy/plan, and enacting the policy/plan,
3. Implementation includes: developing rules and/or plans for implementation, distributing resources, training and support of implementers, and implementing the rules and/or plan.
4. Maintaining the policy includes monitoring, enforcing, and modifying the policy or program as needed.

C. **OUTPUTS** are activities, services, events, and products that reach people who participate or who are targeted. As the Center TRT Framework indicates, specific activities align with specific outputs; for example, **Implementation** aligns with adoption and compliance, implementation as intended, enforcement, and reaching the intended beneficiaries. Throughout each of the activities, media coverage, marketing and communication, increased awareness, engagement, and political will may be expected outputs of a program.

D. **OUTCOMES** are results or changes for individuals, groups, communities, organizations, or systems. These include: **1. Intermediate outcomes** such as changes in individual knowledge, attitudes, beliefs, and skills, and changes to the environment (physical, economic, social, communication). There may also be some unintended consequences. **2. Longer Term outcomes**, such as changes in individual behaviors and population indicators, and **3. Public Health Impacts**, including the cost-effective achievement of population level improvements in weight and overall health status, and equitable distribution of improvements across population subgroups.

This planning and evaluation process involves continuous collaboration with stakeholders and ongoing gathering of evidence.

The Art and Science of Evaluation: Sound Methods for Evaluating Environmental Change webinar describes indicators used to evaluate policy level changes to reduce obesity in Massachusetts. This webinar is part of the Healthy People Healthy Places Webinar Series.

Tools for Evaluating Policy and Environmental Change

The Strategy Map

The Strategy Map is a tool you can use to evaluate policy and environmental level change. A strategy map describes the following:

- WHAT policy or environmental change is desired.
- WHAT needs to happen or
- WHO needs to change to achieve the desired policy/environmental change.
- WHY the desired policy/environmental change will benefit the community.
- HOW your organization/group/coalition seeks to influence the desired policy/environmental change.

For more information on the use of strategy maps to plan your program or policy intervention, check out Framework and Tools for Evaluating Progress toward Desired Policy and Environmental Changes: A Guidebook Informed by the NW Community Changes Initiative. This guidebook describes a multi-component methodology for evaluating policy and environmental change, and it provides examples of how strategy maps have been used to guide obesity prevention and control program evaluation in a number of communities in Oregon.

The Evaluation Matrix

An evaluation matrix is a blueprint for how you will assess ***progress towards*** the desired policy or environmental change. An evaluation plan matrix is intended to be a "living document" that is continuously updated to reflect changes in strategy or the political landscape. It describes the following.

- **Milestones:** Significant markers to help the coalition to track whether it is making progress toward desired policy/environmental change or veering off course. Milestones are selected from the strategy map – strategies/actions implemented by the coalition or interim steps of change.
- **Indicators:** Concrete descriptions of milestones enabling data to be collected to determine whether milestone is being met or not;
- **Data Collection Strategy:** How information will be collected to measure progress on the milestone;
- **Responsibility:** Who will be responsible for collecting the data and when.

The previously referenced Framework and Tools for Evaluating Progress toward Desired Policy and Environmental Changes A Guidebook Informed by the NW Community Changes Initiative provides examples of how evaluation matrices were used in a number of communities in Oregon to design the evaluations of their policy and environmental level programs to improve healthy food and physical activity environments.

Monitoring and Evaluating Progress: A Case Study

Monitoring and evaluation can provide insight into the progress of an initiative and guide implementation. The following case study shows 1) how community-level organizations and school districts in California worked together to develop policies to improve access to safe physical activity environments and 2) how these efforts have been monitored and evaluated.

California's Policy Solutions to Improve Access to Safe Physical Activity Environments

California Department of Public Health (CDPH) is tackling obesity disparities with a number of approaches, including policies and practices that increase access to physical activity environments, including joint use of school facilities policies. Joint use policies and agreements, one solution to the problem of limited safe physical activity spaces in communities, make outdoor and/or indoor school physical activity facilities available to the community (e.g., a city or county) outside of school hours. There are some important distinctions between joint use agreements and joint use policies. Joint use *agreements* are formal understandings between a community and a school or school district about joint use of school facilities, and they may include assignments of roles and responsibilities, details for implementation, and site-level agreement information (e.g., access hours, supervision, etc.). Joint use *policies*, like those the California Communities Putting Prevention to Work (CPPW) grantees developed with school districts, outline the shared vision for joint use, provide directives for joint use, assign management responsibilities for joint use, define monitoring and evaluation activities, and may provide guidance for joint use agreements (e.g., partners, fee schedules, etc.). Joint use policies set the stage for joint use agreements and remain in place even if joint use agreements end.

In selecting grantees, CDPH prioritized low resource, high need, and park poor communities. In 2010, five grantees received CDPH funding to work with school districts to develop district-wide joint use of school facilities policies. One school district, two city agencies, and two non-profits received the joint use mini-grants. Four grantees have successfully supported school district level policies.

<u>Assessing Local-level Policy Change to Increase Access to Physical Activity</u>

California worked with an evaluation and research firm to develop an evaluation of CPPW-funded community efforts and to assess the environmental obesity prevention efforts of communities throughout California. The evaluation measures policy development and adoption and documents progress in

implementing key strategies. The evaluation design is driven by several evaluation questions, which are answered through a synthesis of data collected through multiple evaluation methods, including:

- **Policy Streams Survey** assesses California community prioritization of policy issues (including joint use) and progress on developing, adopting and implementing policies.
- **Stakeholder Interviews** with leaders in the grantee communities explore perceptions of impact of programmatic interventions, and overall policy impact. These interviews showed how those on the ground viewed the policy change process.
- **Joint Use Policy Tracking Survey** assesses grantees' current joint use activities and challenges, policy and agreement components and jurisdiction, and resources used in the development of joint use policies and agreements. This process measure was collected at baseline, halfway through the funding period, and again toward the end of the project.
- **Case Studies** provided detailed information about grantees' current policies and agreements.

Analysis of these evaluation measures is still in process, except for the Policy Streams Survey and baseline Policy Tracking Survey. The Policy Streams Survey has shown that communities across California are actively pursuing a number of obesity prevention policy strategies. This policy work is in the early stages with efforts focused on policy formulation or adoption. The Policy Streams Survey report also highlights lessons learned and recommendations, including the recommendation that communities be provided with successful strategies as they started work in emerging areas such as joint use of school facilities.

Evaluation data will be used to gauge the impact of CPPW-funded efforts, but in the interim, some findings are already being used to improve implementation through training and technical assistance. The findings from both the Policy Streams Survey and the Policy Tracking Survey have been shared on webinars and at meetings. In addition, they have been used to inform the trainings on environmental and policy change and ongoing technical assistance CDPH has provided to grantees throughout the funding period.

To download a joint use agreement toolkit developed by the National Policy and Legal Analysis Network (NPLAN) to Prevent Childhood Obesity, a program of Public Health Law & Policy (PHLP), go to:
http://www.phlpnet.org/healthy-planning/products/joint_use_toolkit

To view a model joint use resolution developed by NPLAN, go to:
http://www.nplanonline.org/childhood-obesity/products/JU-resolution

For more resources on joint use of school facilities, including a FAQ sheet and webinars, go to:
http://www.californiaprojectlean.org/doc.asp?id=224&parentid=221

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VI. Ensuring Sustainability

Introduction

Enacting policies and programs that reduce obesity inequities takes time, commitment, and a sustained effort. These efforts are not frozen in time and must adapt continually to changes in the community, funding streams, organizational priorities, and political environment.

There are several ways to increase the likelihood that your state health department's efforts to support policy and environmental changes are sustained over time. These efforts need to take place internally, (i.e., within the structure and functioning of the state health department), and externally through the building of partnerships with stakeholders across a wide variety of public and private sectors.

This section of the Toolkit describes steps that you can take to ensure the sustainability of policy and environmental changes to reduce obesity inequities. Where possible, we provide examples of ongoing efforts to ensure sustainability related to the three strategies that have been the focus of this toolkit: increasing access to healthy retail food; increasing physical activity; and reducing consumption of sugar drinks.

Frameworks for Ensuring Sustainability

There are several models that you can review to identify the characteristics of organizations that have been able to build and sustain capacity to implement a program or a policy. You may wish to refer to the Sustainability Framework developed by the Washington University's Center for Tobacco Policy Research (CTPR). This framework describes 8 domains of sustainability that can be used to measure an organization's capacity for sustainability. The CTPR also developed a Program Sustainability Assessment Tool and Sustainability Action Plan Templates that identify strengths and challenges to program sustainability and are designed to inform a plan for program sustainability. These resources can be easily adapted to assess the level of sustainability of policy or environmental initiatives to address obesity inequities that you have begun.

Another model that promotes planning and evaluation of efforts to ensure program sustainability is the RE-AIM Model. The article by Jilcott et al. describes the application of the RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) planning and evaluation framework to health policies. Specifically it provides a model for estimating public health impact, comparing different health policies, and planning policies designed for increased likelihood of success. The authors provide definitions and application examples for different policies.

Ensuring the Sustainability of Policy and Environmental Change within your Organization

Ensuring the sustainability of your efforts to achieve environmental and policy level changes begins with the understanding that you must plan for sustainability at the beginning of the change process. The Multnomah County Health Department developed the following guidelines for sustainability related to their Environmental Health Initiative that are applicable to sustaining obesity prevention initiatives that focus on addressing inequities:

1. Focus on and strengthen the state health department's mission to promote health equity.
2. Adopt a Health Promotion Framework which incorporates the use of the socio-ecological model and empowerment as a core function of your work, and part of your institution's commitment.
3. Use the socio-ecological model as a quality improvement tool that is incorporated into all of your work.
4. Create a sustainable model of funding by collaborating with multi-level stakeholders to meet and strategize about funding and advocacy positions to address obesity disparities at a policy and community organizing level.

Ensuring the Sustainability of Policy and Environmental Change Externally

Building and maintaining partnerships is critical to making any sustained progress in eliminating obesity inequities and involves several activities:

1. Continuous relationship building
2. Collaboration across multiple sectors
3. Creation of a diverse base for funding and support
4. Marketing your efforts to promote visibility

Consider Mass in Motion, a cross-agency initiative that began in 2008 to promote wellness across the state of Massachusetts. The state formed partnerships with all of the Commonwealth's major health-funding foundations, including Blue Cross Blue Shield of Massachusetts, the Tufts Health Plan Foundation, and the Boston Foundation. Elements of the plan include an Executive Order by the governor requiring that state agencies making large-scale food purchases follow nutritional guidelines, expansion of state-sponsored Workplace Wellness programs, support for regulatory changes to promote healthy diet and exercise, launch of a state sponsored website, and community grants funded in large part by partners.

The Coalition Approach

The potential of coalitions to address obesity inequities is promising. The coalition approach is effective in leveraging the resources and capacity needed to address obesity inequities. These include positive relationships with necessary stakeholders, a culture of collaboration and trust, an understanding of the importance of sound evaluation, experience in policy and other systems change, credibility in the community, and a repertoire of process and implementation skills and wisdom that can be applied to the problem.

The Arkansas Coalition for Obesity Prevention (ArCOP) is an excellent example of the coalition approach to address obesity at the policy and environmental change level. ArCOP is made up of individuals from a diverse group of organizations, including businesses and governmental, philanthropic, and academic organizations. The goal of the coalition is to "increase the percentage of Arkansans of all ages who have access to healthy and affordable food and who engage in regular physical activity," or in other words, to make the Arkansas' food and physical activity environments less obesogenic and more equitable. To accomplish this goal, the coalition has been structured around six working teams: Access to Healthy Foods; Built Environment; Early Childhood and Schools; Healthcare; Worksite Wellness; and Social Marketing.

Ensuring Sustainability: A Case Study

Sustainability is more likely to be attained when it is prioritized at the point when a program is first conceptualized and planned. In this case study, Connecticut formed multiple partnerships on state and local levels to find solutions to restricted access to physical environments for youth. These innovative partnerships were designed to last even when grant funding may no longer be available.

A Sustainable Environmental Solution to Promote Physical Activity of Youth in Connecticut

The Connecticut Alliance of YMCAs (Alliance) received a Pioneering Healthier Communities (PHC) grant funded by the Robert Wood Johnson Foundation for systems, policy and environmental change initiatives to impact the health of youth. A statewide PHC Health Committee was formed to address systems, policy, and environmental change on the state level, which included the Connecticut Department of Public Health (DPH) and the YMCA. A few months later, DPH received Communities Putting Prevention to Work (CPPW) funding. Mindful of the comparatively low levels of physical activity among youth in Connecticut (among Latino and African-American youth in particular), and aware of the many Connecticut communities served by the YMCA, the DPH proposed that the Committee focus their funding and efforts on physical activity initiatives.

The goal of the CPPW funding was to provide youth, specifically Latino and African-American youth, with access to safe, affordable, structured physical activity. Areas where there was limited access to safe, affordable, structured physical activity in Connecticut tended to be areas of high need. Therefore, the main criterion for a community to be selected for the program was that over 30% of the children in that community's schools were participating in the Free and Reduced Lunch Program. The level of funding provided to communities was directly based on the actual number of children enrolled in the Free and Reduced Lunch Program, with communities receiving a given amount of funding for every child enrolled. Of the communities participating in the program, the percentage of children enrolled in the Free and Reduced Lunch Program ranges from 32% to 100%. The communities also had to base their efforts on an assessment of community need, such as the School Health Index or the Community Healthy Living Index.

<u>Multilevel Partnerships and Creative Solutions</u>

> *"The YMCA has done an incredible job at establishing some really dynamic committees, getting a lot of different stakeholders involved, and using that as leverage to grow interest, get the word out, and expand the support for [the program] in the community."*
>
> *—Gary Burnett, Connecticut DPH*

In addition to their state level partnership, DPH and the Alliance felt there should be a similar collaborative on the local level. It was determined that each community should establish a policy team consisting of a superintendent or a principal from a local school, a local health department representative, and a representative from the YMCA(Y). These partnerships allowed for flexibility in the program offerings for communities to find solutions that best fit their individual circumstances and needs.
For example, some communities found that transportation to the Y was a barrier for youth. The New Haven Y Youth Center and their partner school tackled the transportation issue and worked out a schedule utilizing the school's buses to transport the youth to the Y. In Waterbury, the Y was made a regular stop for school buses. In another community, family memberships were subsidized to encourage parents to take youth to the Y's gym.

Other creative approaches to increasing accessibility were bringing the Y to the youth. In Danbury, the Y staff went to the partner school's afterschool program with interns from a local college to conduct nutrition education and physical activity with students. In Branford, the physical education teacher brought the Y staff into physical education classes where high school students were failing and not participating in class. Y staff taught non-traditional group classes such as Zumba that became very popular.

> *"There was some concern that we weren't all doing the same structured program or activity, but it turned out to be a good thing. It was an eye opener to see how different the communities really are, and how specific barriers were addressed. If the barrier was transportation, the communities addressed that opportunity without bringing an added cost to anyone."*
>
> *–Barbara Moore, YMCA*

DPH was responsible, per funding requirements, to offer technical support and education to stakeholders. Working jointly with the Connecticut State Department of Education's Coordinated School Health staff, a Healthy ConneCTions Physical Activity and Nutrition Symposium was jointly sponsored in 2010 and 2011. At these symposiums, successful programs were highlighted in presentations, including one Photo Voice presentation by New Britain High School youth who campaigned for a summer swim program. Also featured were communities who shared their work with one another and demonstrated how they had met challenges within their individual communities. Some grantees reached out to their communities and brought city planners, non-profit advocacy groups and CPPW participants to the symposium as well. In light of the broad attendance of the symposiums and the excitement expressed in post-event evaluations, the events were well-received and informative.

> *"I expect that this is going to continue. It's not going to go away for the majority of communities because they have really enhanced their collaboration with the schools… It is a true collaboration and can complement and enhance what [schools] are doing."*
>
> *–Barbara Moore, YMCA*

Two of the communities started late in 2011, and there was some concern that these communities would not continue beyond the grant period without additional funding. However, they have decided to continue with the program and even expand it to include additional grades or schools. Sustainability was a goal from the beginning, with the grant seen as a way of initiating partnerships that will continue with or without funding. In addition, the YMCA is a charitable organization that is committed to ensuring that cost not be a barrier to physical activity for youth and families.

An evaluation firm has been contracted to evaluate the program using qualitative and quantitative data. A final report will be created to summarize the evaluation activities. Findings and "lessons learned" will be used to improve the program for future implementation.

To learn more about Connecticut's CPPW-funded efforts, go to:
http://www.cdc.gov/obesity/stateprograms/fundedstates.html
http://www.cdc.gov/obesity/stateprograms/index.html

To learn more about the Pioneering Healthy Communities program, go to:
http://www.ymca.net/healthier-communities/

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VII. Developing Culturally Relevant Health Communication Strategies

Throughout the planning process remember you will need to promote your strategy. To be effective you will want to present it in the most culturally relevant way. It is important to appropriately frame the communication. Some points to remember include,

- Use culturally competent language and images.
- Pursue publicity and advertising in population-specific media outlets.
- Request that the advisory group review all media messages for cultural appropriateness. For an excellent guide on developing appropriate messaging, see the following brief from The Robert Wood Johnson Foundation Commission to Build a Healthier America.

Developing Culturally Relevant Health Communication Strategies: A Case Study

The Healthy Stores programs, developed by Dr. Joel Gittelsohn of Johns Hopkins University, are a series of interventions aimed at improving the food environment in low income settings. The process has been adapted for various settings and populations using ethnographic and community based participatory approaches drawn from anthropology, which make the programs culturally relevant and increase their impact. The following case study highlights the Healthy Stores programs in general and implementation in Maryland, as well as a Healthy Corner Stores program implemented in Rhode Island, which followed a different process from that laid out by Johns Hopkins but is based on that and other healthy stores programs.

Adapting Healthy Stores and Healthy Corner Stores Programs to At-Risk Populations

The Healthy Stores projects are a series of culturally adapted environmental intervention trials aimed at improving the health environment for low-income ethnic populations using formative research and community engagement approaches. Dr. Joel Gittelsohn of the Johns Hopkins Center for Human Nutrition is the lead investigator of the Healthy Stores projects and has conducted these programs with several American Indian tribes, First Nations, urban African Americans, people in rural Maryland, and Pacific Islanders. The central focus of these interventions is working with local food stores (e.g., grocery stores, corner stores, and carry-out businesses), to increase availability and access to healthy food options and to promote these options at the point of purchase in the store and within community settings. In addition to the focus on food sources, some of the healthy stores programs have included components aimed at churches, schools, and other community venues as a means of improving collaborations and reinforcing key messages.

Baltimore Health Stores Poster (above) and Logo (top right); Apache Health Stores Logo (right). Used with permission.

All of the Healthy Stores projects employ formative assessment and community engagement as a means of developing the local intervention approaches, making them culturally acceptable, and building engagement and ownership by local community members. A key aspect of the community engagement is the use of multiple workshops at each setting to decide on specific foods for promotions, specific strategies and messaging, and communications channels.

Each project undertakes formative assessment, process evaluation (i.e., how well the program was implemented according to plan, pitfalls, lessons learned, etc.), and impact evaluation, and papers are written on each kind of evaluation. These evaluations have shown that the Healthy Stores program has been successful in improving consumer psychosocial factors related to healthy food choices, including knowledge and healthy behavioral intentions; have improved frequency of purchase of healthy food options; and have shown improvements in dietary intake in consumers. They have also seen improvements on the stocking and sales of healthy foods.

Maryland Healthy Stores

Familiar with the evidence-based Healthy Stores initiative in urban Baltimore, the Maryland Department of Health and Mental Hygiene used Communities Putting Prevention to Work (CPPW) funding to partner with the Johns Hopkins Center for Human Nutrition and a local health department to pilot Maryland Healthy Stores (MHS) in low-income, rural communities. MHS identified policy and environmental strategies and best practices to improve healthy food and drink access in convenience and small grocery stores. The program was piloted with stores within rural communities of Charles County, which was prioritized based on chronic disease burden data, lack of WIC-certified vendors, and health department capacity. Johns Hopkins offered training and technical assistance to the Charles County Department of Health to implement the program. Best practices and evaluation results that come from this project will be used to guide future statewide nutrition initiatives.

Maryland Healthy Stores Healthy Beverages Poster. Used with Permission

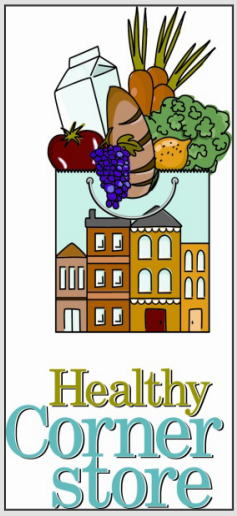
A brief highlighting lessons learned and key findings will be developed and disseminated to support statewide implementation in early 2012.

Rhode Island Healthy Corner Stores

While in Maryland the state initiated and funded the Healthy Stores program, in other cases the state health department has taken a supporting role in community-led initiatives. That was the case with the involvement of the Rhode Island Department of Health (RIDH) with a Healthy Corner Stores program led by the Environmental Justice League of Rhode Island (EJLRI). EJLRI developed the Healthy Corner Stores initiative out of their summer program for high school youth. The project was informed by the Johns Hopkins model as well as others from across the country. EJLRI received funding to expand the program from the Boston Public Health Commission, which was funded by CDC to provide technical assistance and

funding to community-based organizations across New England to address health disparities. EJLRI's goal was to increase access to healthy foods in neighborhoods where there are limited healthy options, which are often communities of color. They formed a leadership team that included community members, high school youth, partner organizations, and the RIDH, which contributed funding to the program for logo design and development of materials. They reached out to store owners in the neighborhoods with limited access to healthy foods, and some of their most successful connections have been with stores that already sold produce and served families, including stores serving largely Asian and Latino populations. High school youth participants also led an effort to create marketing messages for healthy snacks and design promotional materials (e.g., the barrel cooler at right).

Rhode Island Healthy Corner Store initiative; barrel designed by RiverzEdge Arts Project. Used with permission.



Rhode Island Healthy Corner Store Logo. Prov. HCS Initiative/EJ League RI and the RI DOH. Used with permission.

Through the process of setting up the Healthy Corner Store initiative, the team identified and met a number of challenges. Language and logistical barriers have complicated the distribution of local produce to corner stores. In addition, they have observed that the program has not been as readily adopted or maintained by stores whose clientele are primarily single men, those located in predominantly African-American neighborhoods, and those that lack the infrastructure to sell produce. To overcome these kinds of challenges, it helps to have a staff person dedicated to visiting sites and building ongoing relationships with the store owners. Clearly stating what would be gained from participation to stores was also a lesson learned. Finally, building community support through fun events, including healthy corner store "makeovers" and youth-led "Iron Chef"-style cooking competitions, and engagement contributed to the successes of the program.

For more information on the Healthy Stores program, including a list of current projects and publications, go to: http://healthystores.org/?page_id=803

For more information about the Baltimore Healthy Stores program, provided by the Center for Training and Research Translation, go to: http://www.center-trt.org/index.cfm?fa=opinterventions.intervention&intervention=bhs&page=overview

To see examples of the Maryland Healthy Stores marketing materials and approach, go to: http://www.healthiestmaryland.org/wp-content/uploads/2011/11/1C-Thomas.pdf

For more information about the Providence Healthy Corner Stores initiative, go to: http://ejlri.wordpress.com/our-work/healthy-corner-store-initiative/

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Conclusion

This Toolkit supports a planning process to develop and enact policy, systems, and environmental changes that will reduce obesity disparities and achieve health equity (see Figure 4).

It includes six interrelated steps:

I. Assess and build program capacity
II. Gather and use data to identify and monitor obesity disparities through a health equity lens
III. Develop multi-sector and non-traditional partnerships
IV. Apply a health equity lens to the design, selection, and implementation of strategies
V. Monitor and evaluate progress
VI. Ensure sustainability

Throughout these steps, it is critical to continually engage the population(s) of interest in an ongoing dialogue to ensure cultural competence of your obesity disparity efforts and successful implementation facilitated through the use of social marketing techniques

As mentioned in the Introduction, the Toolkit is not prescriptive. It is intended to strengthen what your state is already doing, not replace it. This planning process can be used to inform, refine, and review new or existing policies and environmental level programs. Where you begin and the order in which you proceed will depend on where you are in the process as well as the most pressing needs in your program. The tools that facilitate program design and implementation through a health equity lens can be implemented at a variety of points throughout the process.

Regardless of where you are in this ongoing process, the key is to remember that you can start anywhere. Continuously refer to the Social Ecological Model so that you keep the big picture in mind regarding the level at which you are intervening. Using this model to focus your work increases the likelihood that obesity inequities will be addressed at the policy, system, and environmental levels, resulting in the largest population impacts. Keep revisiting the results of your health equity and other assessments so that you can continually identify, implement, monitor, and evaluate improvements.

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Appendices

I. Appendix A. Additional Resources for Improving Access and Availability of Healthy Foods

Strategy	*Resource Title*	*Resource Description*	*Resource Location*
Increasing Fruit and Vegetable Consumption: Healthy Food Retail	*State Initiatives Supporting Healthier Food Retail: An Overview of the National Landscape*	"This [CDC] document provides public health practitioners, their partners, and policy makers with useful information about the rationale for and characteristics of healthier food retail legislation enacted in the last decade. Action steps that public health practitioners can use to support Healthier Food Retail (HFR) initiatives in their state are provided, as well as legislative data and other resources."	http://www.cdc.gov/obesity/stateprograms/resources.html http://www.cdc.gov/obesity/downloads/Healthier_Food_Retail.pdf
	Healthier Food Retail Action Guide	Guide for State health department staff with information on how to develop and implement policies, initiatives, and/or activities around food retail in order to improve access, availability and affordability of healthier foods	http://www.cdc.gov/obesity/stateprograms/resources.html
	The Grocery Gap: Who Has Access to Healthy Food and Why It Matters	"The Food Trust and PolicyLink present *The Grocery Gap*, the most comprehensive review of studies of healthy food access and its impacts -- 132 studies conducted in the United States in the past 20 years."	http://www.thefoodtrust.org/php/programs/grocerygap.php
	Toolkit: Changes in the WIC Food Packages	Federal rules for WIC vendors changed recently for the first time in 35 years. WIC vendors are now required to stock healthy foods, which "has the potential to transform the retail food landscape in low-income communities." The toolkit, produced in 2009 by Planning for Healthy Places and the California WIC Association in partnership with The California Endowment, "provides a range of tools and strategies for advocates to identify and work with prospective WIC vendors, and to help these retailers upgrade their offerings in accordance with the new, healthier WIC food packages."	http://www.phlpnet.org/healthy-planning/products/changes-wic-food-packages-toolkit-partnering-neighborhood-stores
	Healthy South Dakota: Concessions Model Policy	South Dakota has recently pushed for healthier options at concession stands at youth sporting events and other venues. "This document was developed by the Healthy SD Program of the South Dakota Department of Health to assist local communities in improving this concession stand or C-stand 'Nutrition Environment' to promote healthy eating among youth and families."	http://www.healthysd.gov/Communities/PDF/ModelConcessions.pdf

	Overview of the Center of Excellence for Training and Research Translation Obesity Prevention Program	"The Center TRT translation efforts focus on providing practitioners with the best available evidence and approaches related to the prevention and control of obesity. This portion of the website will provide resources designed to support the planning, implementation, and evaluation of evidence-supported nutrition, physical activity and obesity prevention interventions." Highlighted interventions impacting healthy food retail include the Pennsylvania Fresh Foods Financing Initiative and Baltimore Healthy Stores.	http://www.center-trt.org/index.cfm?fa=op.overview
Increasing Fruit and Vegetable Consumption: Other Resources	*State Indicator Report on Fruits and Vegetables, 2009*	"The *State Indicator Report on Fruits and Vegetables, 2009* provides for the first time information on fruit and vegetable (F&V) consumption and policy and environmental support within each state."	Report: http://www.state.nj.us/health/fhs/shapingnj/reports/statistics/StateIndicatorReport2009.pdf • PowerPoint on use of report: http://astphnd.org/resource_files/115/115_resource_file3.ppt
	Dietary Guidelines for Americans, 2010	The 2010 Dietary Guidelines for Americans is the federal government's evidence-based nutritional guidance to promote health, reduce the risk of chronic diseases, and reduce the prevalence of overweight and obesity through improved nutrition and physical activity.	http://www.cnpp.usda.gov/DietaryGuidelines.htm

II. Appendix B. Additional Resources for Improving the Beverage Environment

Strategy	Resource Title	Resource Description	Resource Location
Reducing Consumption of Sugar Drinks: School-based and Early Childcare Education Approaches	*Nutrition Standards for Foods in Schools: Leading the Way to a Healthier Youth*	The Institute of Medicine (IOM) released this report in 2007 following a review of nutritional standards for the availability, sale, content, and consumption of foods in schools. They offer recommendations for appropriate nutrition standards for schools.	http://www.iom.edu/CMS/3788/30181/42502.aspx
	Nutrition Standards for Foods in Schools Fact Sheets	"Using the findings of the IOM Report [see above], CDC developed a set of four audience-specific fact sheets as a resource for school staff, parents, and youth… These fact sheets are designed to answer commonly asked questions about the report and provide recommendations for implementing the nutrition standards."	http://www.cdc.gov/Healthyyouth/nutrition/standards.htm
	Making it Happen! School Nutrition Success Stories	This resource, developed by USDA and CDC in 2005, which "shares stories from 32 schools and school districts that have made innovative changes to improve the nutritional quality of all foods and beverages offered and sold on school campuses" using a variety of approaches.	http://www.fns.usda.gov/tn/Resources/makingithappen.html
	HealthierUS School Challenge	"The HealthierUS School Challenge (HUSSC) is a voluntary initiative established in 2004 [by the USDA] to recognize those schools participating in the National School Lunch Program that have created healthier school environments through promotion of nutrition and physical activity."	http://www.fns.usda.gov/tn/healthierus/index.html
	Healthy Beverage Toolkit	"The Food Trust's Healthy Beverage Toolkit is designed to help parents, teachers, food service professionals, school administrators and community leaders confront the epidemic of childhood obesity by promoting healthy beverage consumption. The tools in this kit focus on one critical aspect of the eating habits of children - what beverages are sold and served to children at school. "	http://www.thefoodtrust.org/php/programs/school.food.beverage.reform.php
	Best Practices for Healthy Eating: A Guide to Help Children Grow Up Healthy	"Together with Delaware's Child and Adult Care Food Program (CACFP), Nemours Health and Prevention Services (NHPS) is providing this best practice nutrition guide to help young children in our state develop healthy eating habits early in life."	http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/heguide.pdf

Strategy	Resource Title	Resource Description	Resource Location
	Alliance School Beverage Guidelines Implementation Toolkit	Alliance for a Healthier Generation presents School Beverage Guidelines that "limit portion sizes and the number of calories in beverages available to students during the school day" and describe the process of adoption in a school/district, implementation (e.g., how to work with vendors), and marketing and monitoring best practices.	http://www.healthiergeneration.org/uploadedFiles/For_Schools/Helpful_Tools/Alliance%20School%20Beverage%20Toolkit.pdf
	Overview of the Center of Excellence for Training and Research Translation Obesity Prevention Program	"The Center TRT translation efforts focus on providing practitioners with the best available evidence and approaches related to the prevention and control of obesity. This portion of the website will provide resources designed to support the planning, implementation, and evaluation of evidence-supported nutrition, physical activity and obesity prevention interventions." A highlighted intervention that impacts sugar beverage consumption in schools includes the West Virginia School Nutrition Standards intervention.	http://www.center-trt.org/index.cfm?fa=op.overview
	Wellness Policy Tool	"Action for Healthy Kids developed this [online, eight-step] tool with input from our partner organizations and volunteer Team members … This Tool is intended to help anyone involved in developing, implementing, and evaluating wellness policies by providing practical guidance and how-to information about the wellness policy process."	http://www.actionforhealthykids.org/for-schools/wellness-policy-tool/
	CDC Improving the Food Environment through Nutrition Standards: a Guide for Government Procurement	Provides practical guidance to states and localities for use when developing, adopting, implementing, and evaluating a food procurement policy.	http://www.cdc.gov/salt/pdfs/DHDSP_Procurement_Guide.pdf
Reducing Consumption of Sugar Drinks:	*Guidelines for Healthy Meetings*	The New York State Department of Health developed these general guidelines for meetings, encouraging the provision of healthy foods and beverages and fostering physical activity.	http://www.health.state.ny.us/nysdoh/prevent/guidelines.htm
	Meeting Well™: A Tool	"Meeting Well is a guidebook that offers companies healthy	http://www.acsworkplaceso

Strategy	Resource Title	Resource Description	Resource Location
Worksite-based Approaches	*for Planning Healthy Meetings and Events, The American Cancer Society*	food ideas and suggestions for physical activity that energize meeting participants and demonstrate how easy it can be to live a healthier lifestyle every day." The guidebook is based on the American Cancer Society nutrition and physical activity guidelines.	lutions.com/meetingwell.asp
Reducing Consumption of Sugar Drinks: Other Tools and Resources	*Healthy Beverages Community Action Kit*	The Indian Health Service created this Action Kit, which "outlines an action plan to promote increased consumption of healthier beverages in Indian Communities. The plan has built flexibility so you can incorporate modifications specific for your own community. The Kit also provides contact information for resources that you may find useful when designing your own community plan. Additionally, there are also some fact sheets on youth soda consumption and the related health consequences as well as some success stories to inspire you."	http://www.ihs.gov/MedicalPrograms/Nutrition/
	Texas! Bringing Healthy Back Presents: Growing Community	"The Growing Community video series [designed by the Texas Department of State Health Services] is a communications initiative and tool created to educate and inspire communities into action against obesity in Texas." The series is organized around the 6 evidence-based target areas identified by CDC.	http://www.dshs.state.tx.us/obesity/growingcommunity/default.shtm
	Dietary Sugars Intake and Cardiovascular Health: A Scientific Statement from the American Heart Association	The authors of this article, published in the scientific journal *Circulation*, recommend a reduction in sugar intake as one approach to combating the obesity epidemic.	http://circ.ahajournals.org/content/120/11/1011.full.pdf
	Nutrition and Physical Activity Self Assessment for Child Care (NAP SACC)	"The Nutrition and Physical Activity Self Assessment for Child Care (NAP SACC) is an intervention in child care centers aimed at improving nutrition and physical activity environment, policies and practices through self-assessment and targeted	http://www.napsacc.org/

Strategy	Resource Title	Resource Description	Resource Location
		technical assistance."	
Increasing Water Consumption: School-based Approaches	*Water Quality Funding Sources for Schools: A Resource for K–12 Schools and Child Care*	"To help schools and child care facilities with the grantseeking process, EPA has compiled information on 65 funding sources that support schools and child care initiatives related to the environment and public health. This resource includes information on organizations with a history of supporting school activities, environmental programs, and children's health protection initiatives."	http://www.epa.gov/safewater/schools/pdfs/lead/funding_schools_fundingsources.pdf
	Water Access in Schools: Model Wellness Policy Language	"To help schools and other community advocates overcome barriers [to providing federally mandated drinking water in schools during meal times], NPLAN [National Policy & Legal Analysis Network to Prevent Child Obesity] has developed a 'policy package' featuring a set of model goals and actions for schools to incorporate into their wellness policies. The package also highlights examples of how schools across the country have partnered with other agencies and private companies to fund drinking water programs." Links to additional resources on enforcing wellness policies and developing healthy beverage vending agreements can also be found at this site.	http://www.phlpnet.org/childhood-obesity/products/water-access
	Water in Schools	California Food Policy Advocates recently initiated the Water in Schools program in California schools. This site lays out case studies, resources, and a report that highlights challenges to providing free, clean, appealing tap water in schools and strategies to promote consumption.	http://www.waterinschools.org/index.shtml
	Water Jet Program	This fact sheet was developed to provide information about the Water Jet Program to parents and school staff in New York City. It could easily be adapted to other communities.	http://api.ning.com/files/TLGaMbuCrpxboy8WoIeuFljHo0f5tWQl3A0Yi80OSkwHQld5OI4G1z9rvZeoundJcc1AmX5

Strategy	Resource Title	Resource Description	Resource Location
			YSdv48Hb6Z4UUQpc4hDfHwQnQ/Water_Jet_Program_info_sheet.pdf
	Water First: Think Your Drink	"Water First is a project of the Tweens Nutrition and Fitness Coalition of Lexington, KY. Our mission is to make healthy eating and physical activity popular and fun for tweens in their homes, communities and schools." This site provides tools such as a Drink Calculator and Drink Journal that appeals to adolescents and promotes healthy beverage consumption, as well as messages designed for parents.	http://www.drinkwaterfirst.com/
Increasing Water Consumption: Public Awareness and Education Resources	*Wise up on Water! Water UK*	Based on dozens of scientific studies, this document outlines the health benefits to children of water consumption and guidelines for consumption.	http://www.water.org.uk/home/news/press-releases/wise-up-on-water/wise-up---children.pdf
	Bottled Water: Learning the Facts and Taking Action	This 2008 pamphlet produced by the Sierra Club describes the negative environmental impact of bottled water versus tap water.	http://www.sierraclub.org/committees/cac/water/bottled_water/bottled_water.pdf
	Healthy Water: Drinking Water	This CDC site provides information on drinking water topics, systems, and fast facts.	http://www.cdc.gov/healthywater/drinking/index.html

III. Appendix C. Additional Resources for Improving Safe, Accessible Physical Activity Environments

Strategy	*Resource Title*	*Resource Description*	*Resource Location*
Physical Activity Environments: Walk-friendly Environments	*Walk Friendly Communities*	"Walk Friendly Communities is a national recognition program developed to encourage towns and cities across the U.S. to establish or recommit to a high priority for supporting safer walking environments."	http://www.walkfriendly.org/
	Community Assessment Tool for Walking	"The Pedestrian and Bicycle Information Center (PBIC) has released an updated community assessment tool for the Walk Friendly Communities (WFC) program. Changes to the assessment tool include updated questions, tools and resources, and an improved format."	http://www.walkfriendly.org/WalkFriendlyCommunitiesAssessmentTool.pdf
	Pedestrian and Bicycle Information Center	"The Pedestrian and Bicycle Information Center (PBIC) is a national clearinghouse for information about health and safety, engineering, advocacy, education, enforcement, access, and mobility for pedestrians (including transit users) and bicyclists. The PBIC serves anyone interested in pedestrian and bicycle issues, including planners, engineers, private citizens, advocates, educators, police enforcement, and the health community."	http://www.walkinginfo.org/
	National Safe Routes to School Clearinghouse	The Safe Routes website connects states and communities to tools to improve safe routes to schools. The site includes a funding portal, links to events and trainings, a data repository, resources and success stories.	http://www.saferoutesinfo.org/
	International Walk to School in the U.S.A.	The National Center for Safe Routes to School of the University of North Carolina Highway Safety Research Center maintain this site, which has information about the International Walk to School Day (October 3, 2010) events, including resources for communities that sponsor walking events.	http://www.walkbiketoschool.org/
	America Walks	"America Walks, a 501(c)(3) nonprofit national organization, is building a diverse and powerful coalition to be a strong voice to advance and protect walking at the national level."	http://americawalks.org/

Strategy	Resource Title	Resource Description	Resource Location
	Americans' Attitudes toward Walking and Creating Better Walking Communities	This report is based on a random survey of households across the US regarding the walking environments and policies in respondents' communities. "The survey finds that Americans would like to walk more than they are currently, but they are held back by poorly designed communities that encourage speeding and dangerous intersections and whose design is inconvenient to walk to shops and restaurants."	http://www.transact.org/library/reports_pdfs/pedpoll.pdf
	Association of Pedestrian and Bicycle Professionals (APBP)	"The Association of Pedestrian and Bicycle Professionals is the only professional membership organization for the discipline of pedestrian and bicycle transportation… Every member of APBP benefits from excellent networking opportunities, productive professional development events, and the most current and best resources for an increasingly important profession."	http://www.apbp.org/
	National Bicycle & Pedestrian Documentation Project	"This nationwide effort provides consistent model of data collection and ongoing data for use by planners, governments, and bicycle and pedestrian professionals."	http://bikepeddocumentation.org/
Physical Activity Environments: Other Resources	*Community Guide Recommendations "Environment and Policy Approaches"*	The CDC Community Guide provides a list of recommended environmental and policy changes to promote physical activity based on interventions researched and reviewed. Recommended approaches include: community-scale urban design and land use policies; creation of, or enhanced access to, places for physical activity combined with information outreach activities; street-scale urban design and land use policies; and point-of-decision prompts to encourage use of stairs.	http://www.thecommunityguide.org/pa/environmental-policy/index.html
	Public Perceptions on Transportation Characteristics of Livable Communities: The 2009 Omnibus Household Survey	This Special Report conducted by the US Department of Transportation levied "a series of questions to gauge public perceptions on transportation-related characteristics of livable communities" and found "a majority of the public considered it important to have a wide range of transportation alternatives. The majority also strongly supported the provision of facilities that permit continued reliance on the personal automobile in the community in which they live."	http://www.bts.gov/publications/special_reports_and_issue_briefs/special_report/2011_07_12/pdf/entire.pdf

Strategy	Resource Title	Resource Description	Resource Location
	Partnership for Prevention Action Guides	"Partnership for Prevention and the Centers for Disease Control and Prevention have worked together to bridge the gap between research and practice by developing The Community Health Promotion Handbook: Action Guides to Improve Community Health."	http://www.prevent.org/Action-Guides/The-Community-Health-Promotion-Handbook.aspx
	Transportation and Health: Policy Interventions for Safer, Healthier People and Communities	Partnership for Prevention collaborated with the Safe Transportation Research and Education Center (SafeTREC) at UC Berkeley, Booz Allen Hamilton, and CDC to write "this report examining the effects of transportation policies on public health in three key areas—environment and environmental public health, community design and active transportation, and motor vehicle-related injuries and fatalities."	www.prevent.org/data/files/transportation/transportationandhealthpolicycomplete.pdf
	Local Government Commission-Active Living guides	The Local Government Commission developed a series of guidebooks and guidelines to help communities become prosperous and livable.	http://lgc.org/freepub/community_design/guides/index.html
	State Indicator Report on Physical Activity, 2010	"The *State Indicator Report on Physical Activity, 2010,* provides information on physical activity behavior and policy and environmental supports within each state."	http://www.cdc.gov/physicalactivity/downloads/PA_State_Indicator_Report_2010.pdf
	US Dept of Health and Human Services. 2008 Physical Activity Guidelines for Americans	"The Federal Government has issued its first-ever Physical Activity Guidelines for Americans. They describe the types and amounts of physical activity that offer substantial health benefits to Americans."	http://www.health.gov/PAGuidelines/
	National Physical Activity Plan	"The National Physical Activity Plan is a comprehensive set of policies, programs, and initiatives that aim to increase physical activity in all segments of the American population. The Plan is the product of a private-public sector collaborative. Hundreds of organizations are working together to change our communities in ways that will enable every American to be sufficiently physically active."	www.physicalactivityplan.org

Strategy	Resource Title	Resource Description	Resource Location
	Active Living By Design	"Active Living By Design creates community-led change by working with local and national partners to build a culture of active living and healthy eating. Established by the Robert Wood Johnson Foundation, ALBD is part of the North Carolina Institute for Public Health at the UNC Gillings School of Global Public Health in Chapel Hill, North Carolina."	http://www.activelivingbydesign.org/
	Active Living Research	"Active Living Research, a national program of the Robert Wood Johnson Foundation, contributes to the prevention of childhood obesity in low-income and high-risk racial/ethnic communities by supporting research to examine how environments and policies influence active living for children and their families. We are helping to develop a new transdisciplinary field of active living researchers. We manage grants to help build the evidence base. We have a resource center of literature citations and active living news."	http://www.activelivingresearch.org
	Complete Streets	"Complete Streets are designed and operated to enable safe access for all users. Instead of fighting for better streets block by block, the National Complete Streets Coalition seeks to fundamentally transform the look, feel, and function of the roads and streets in our community, by changing the way most roads are planned, designed, and constructed. Complete Streets policies direct transportation planners and engineers to consistently design with all users in mind, in line with the elements of Complete Streets policies."	http://www.completestreets.org/
	Physical Activity Resource Center-Policy Planning Resource	This workbook for influencing physical activity policy was developed by The Health Communications Unit (THCU) for the Physical Activity Resource Center of Ontario, Canada.	http://parc.ophea.net/parc-workbook-influencing-physical-activity-policy

IV. Appendix D. Resources Included in the Toolkit, by Section

Section I. Program Assessment and Capacity Building

Resource	Description	Location
Program Assessment		
Health Equity Assessment Tool (HEAT)	HEAT was designed to promote equity in health in New Zealand, but it has application to the United State as it targets people making funding, planning and policy decisions.	http://www.pha.org.nz/documents/health-equity-assessment-tool-guide1.pdf
The Health Equity and Social Justice Toolkit	This toolkit, developed by the National Association of County and City Health Officials, helps local health departments explore and tackle the root causes of inequities in the distribution of disease, illness, and death.	http://www.naccho.org/toolbox/program.cfm?id=22&display_name=Health%20Equity%20and%20Social%20Justice%20Toolkit
Health Equity at Work: Skills Assessment of Public Health Staff	This report from the National Association of Chronic Disease Directors' Health Equity Council (NACDD-HEC) provides training recommendations for states based on an assessment of health equity skills needed by the public health workforce.	http://www.nacddarchive.org/nacdd-initiatives/health-equity/professional-development/health-equity-at-work/at_download/file
Equity and Empowerment Lens	This resource was developed by the Multnomah County Health Department's Health Equity Initiative team to facilitate the application of a health equity lens to public health problems.	Embedded in Toolkit text
Equity Impact Review Tool	This tool provides guidance on identifying the equity impact of community programs and policies.	http://www.dialogue4health.org/php/jointcenter/placematters/PDF_11_09/EIR_Tool.pdf
SWOT Analysis Tool	SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis will demonstrate the internal and external factors that contribute to the success or failure of your program. This tool is part of the CDC Community Toolbox.	http://ctb.ku.edu/en/tablecontents/section_1049.aspx
Building Program Capacity and Infrastructure		
PolicyLink on-site health equity training		Telephone: (510) 663-2333, Fax: (510) 663-9684, info@policylink.org
Unnatural Causes	Unnatural Causes is a seven part documentary series with an associated toolkit and discussion guide about health equity useful for the lay-person and public health professionals alike.	http://www.unnaturalcauses.org/

Resource	Description	Location
The Health Equity and Prevention Primer	a web-based training series for public health practitioners and advocates interested in policy advocacy, community change, and multi-sector engagement to achieve health equity. The Primer helps practitioners integrate a health equity lens into their initiatives in pursuit of overall health.	http://www.preventioninstitute.org/tools/focus-area-tools/health-equity-toolkit.html
Why Place and Race Matter	These training materials, produced by PolicyLink and the California Endowment, examine how environmental factors can be strengthened and enlivened to benefit the health of all communities.	http://www.policylink.org/site/c.lkIXLbMNJrE/b.6728307/k.58F8/Why_Place___Race_Matter.htm
Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health	This CDC workbook is designed for public health practitioners and partners interested in addressing social determinants of health in order to promote health and achieve health equity.	http://www.cdc.gov/nccdphp/dach/chhep/pdf/sdohworkbook.pdf
Broadening the Focus: The Need to Address the Social Determinants of Health	This article summarizes current knowledge and problems about the social determinants of health, as well as a framework for seeking solutions developed for policymakers and advocates.	http://www.rwjf.org/files/research/4945.pdf
Tackling Health Inequalities through Public Health Practice: A Handbook for Action	This handbook raises questions and provides a starting point to assist health practitioners in considering the potential for reorienting public health practice to address the root causes of health inequities, particularly with respect to restructuring the organization, culture, and daily work of public health.	http://www.naccho.org/topics/justice/upload/NACCHO_Handbook_hyperlinks_000.pdf

Resource	Description	Location
Quantitative Data: Surveillance Data Resources		
National Collaborative on Childhood Obesity Research	This online catalogue provides one-stop access to 85 surveillance systems, which provide a unique window on obesity-related policies and environmental factors as well as trends in relevant health behaviors, outcomes, and determinants.	http://www.nccor.org/css/index.html
Behavioral Risk Factor Surveillance System (BRFSS)	The CDC's BRFSS tracks individual health behaviors, such as smoking, alcohol use, sexual activity, exercise, receipt of screenings, and medication use. Data are collected each year and are available at the national and state levels as far back as 1984.	http://www.cdc.gov/brfss/
Youth Risk Behavior Surveillance Survey (YRBSS)	The YRBSS tracks six types of health-risk behaviors among youth and adults, including unhealthy dietary behaviors and physical inactivity. It also measures the prevalence of obesity and asthma among youth and young adults.	http://www.cdc.gov/HealthyYouth/yrbs/index.htm
State Indicator Reports	This CDC resource highlights selected behaviors, policies, and environments that affect child obesity and physical activity by state.	http://www.cdc.gov/obesity/resources/reports.html
Healthier Food Retail: Beginning the Assessment Process in Your State or Community	Provides a summary of state, county, and municipal data that are available to assess access to healthy retail foods.	http://www.cdc.gov/obesity/downloads/HFRassessment.pdf
Good Health Counts	This is a report that focuses on indicators associated with community factors and how indicator report cards can support community efforts to improve health.	http://www.preventioninstitute.org/component/jlibrary/article/id-85/127.html
Quantitative Data: GIS Data Resources		
Built Environments and Obesity in Disadvantaged	This resource describes health equity indicators in the built environment used to identify obesity disparities in 45 published studies.	http://epirev.oxfordjournals.org/content/31/1/7.full.pdf

Resource	Description	Location
Populations		
Qualitative Data Resources		
"Lights, Camera, Active"	North Carolina is emphasizing the built environment perspective with this program. Kids around the state take 1-2 minute videos of things that are hindering them from walking and being physically active. The videos are presented to communities, local government officials, and legislators as a way to start discussion around related issues.	http://www.ncpanbranch.com/Coalitions/pppConference/Land%20Use%20Policies%20Overview.pdf
Food Desert to Food Oasis	A Community Health Councils program, uses qualitative data in the form of focus groups with grocers to identify barriers to providing more healthy retail food to the communities in Los Angeles in which they operated.	http://www.chc-inc.org/downloads/Food%20Desert%20to%20Food%20Oasis%20July%202010.pdf
Geographic Information Processing Resources		
Using Maps to Promote Health Equity	This resource describes best practices for using maps to promote health equity. Commissioned by The Opportunity Agenda, in partnership with the Health Policy Institute at the Joint Center for Political and Economic Studies.	http://opportunityagenda.org/files/field_file/Community%20Mapping%20for%20Health%20Equity%20-%20Treuhaft.pdf
Mapping and Health Equity Advocacy	This presentation from PolicyLink demonstrates how to use health mapping data to implement environmental and policy level food programs using Chicago-based case studies.	http://www.dialogue4health.org/php/PDFs/Truehaft_GIS_Health_Equity_Advocacy.pdf

Resource	Description	Location
Multi-sector Partnership Approach		
Let's Go!	*Let's Go!* is a partnership of leading health, business, and community-based organizations in Maine who have banded together to support a five year initiative to promote healthy lifestyles for children and their families. One component of the *Let's Go!* initiative is the 5210 program, which encourages individuals of all ages to each day consume 5 fruits and vegetables, spend no more than 2 hours in front of a screen for recreation, engage in 1 or more hours of physical activity, and consume no sugar drinks.	*Let's Go!* website: http://www.letsgo.org/ 5210 program: http://www.projectwet.org/pdfs/conference-2011/Heidi-Kessler.pdf
Minnesota Obesity Plan	The Minnesota Plan to Reduce Obesity and Obesity Related Chronic Diseases encourages policy and environmental changes that support healthy eating, physical activity, and achieving or maintaining a healthy weight.	http://www.health.state.mn.us/divs/hpcd/chp/cdrr/obesity/pdfdocs/obesityplan20090112.pdf
Rhode Island's Plan for Healthy Eating and Active Living	The Rhode Island Plan for Healthy Eating and Active Living provides state, community, family, and individual guidelines to help prevent and reduce obesity and related chronic diseases. It encourages policy development and environment modification to support Rhode Islanders in leading healthier lives.	http://www.health.ri.gov/publications/plans/2006-20012HealthyEatingAndActiveLiving.pdf
Community/Participatory Approach		
Review of community-based research: Assessing partnership approaches to improve public health	Israel, B.A., Schulz, A.J., Parker, E.A., & Becker, A.B. (1998). Review of community-based research: assessing partnership approaches to improve public health. *Annual review of public health, 19*: 173-202.	http://depts.washington.edu/ccph/pdf_files/annurev.publhealth.19.1.pdf
Building and	Seifer, S.D. (2006). Building and sustaining community-institutional	http://depts.washington.edu/ccph/pdf_files/J

Resource	Description	Location
sustaining community-institutional partnerships for prevention research	partnerships for prevention research: findings from a national collaborative. *J Urban Health, 83*: 989-1003.	UH-ASPHCDC.pdf
Innovations in Obesity Research: Using a CBPR Approach	A presentation by researchers from the University of Chicago and Northwestern University that demonstrates the effective use of the Community Based Participatory approach applied to research on obesity. Includes examples from Chicago, IL, and Durham, NC.	http://sgim.org/userfiles/file/WB12_Burnet_Deborah_201647.pdf
Healthy Living Cambridge Kids: A Community-based Participatory Effort to Promote Healthy Weight and Fitness	Healthy Living Cambridge Kids: A Community-Based Participatory Effort to Promote Healthy Weight and Fitness is an article published in *Nature* which provides an impact evaluation of the program Healthy Living Cambridge Kids that utilized the community based participatory approach to address issues related to obesity.	http://www.nature.com/oby/journal/v18/n1s/pdf/oby2009431a.pdf
With Whom to Partner?		
Children, Physical Activity and the Built Environment	Members of the NC Childhood Obesity Taskforce worked with public officials, architects, housing officials, parks and recreation, transportation, businesses, school officials, planners, neighborhood associations, and the community to develop a plan to address childhood obesity, physical activity, and the built environment.	http://www.eatsmartmovemorenc.com/ChildObesityTaskForce/Texts/NC%20Task%20Force%20Built%20Env%20Presentation_Bors_Oct%209%202008.pdf
The Healthy Eating Active Living Convergence Partnership	The Healthy Eating Active Living Convergence Partnership fosters policy and environmental change by working with partners in fields not traditionally involved in public health. The group is currently focused on changing transportation and food systems to develop active living environments and improve access to healthy foods. Partners include the California Endowment, Kaiser Permanente, Nemours, Robert Wood Johnson Foundation, and W.K. Kellogg Foundation**.**	http://www.convergencepartnership.org/site/c.fhLOK6PELmF/b.3917533/k.F45E/Whats_New.htm

Resource	Description	Location
How to Identify Partners		
The Collaboration Multiplier	The Collaboration Multiplier is an interactive framework and tool for analyzing collaborative efforts across fields. It is designed to guide an organization to a better understanding of which partners it needs and how to engage them, or to facilitate organizations that already work together in identifying activities to achieve a common goal, identify missing sectors that can contribute to a solution, delineate partner perspectives and contributions, and leverage expertise and resources. Using the Collaboration Multiplier can help lay the foundation for shared understanding and common ground across all partners.	http://www.preventioninstitute.org/component/jlibrary/article/id-44/127.html
Community Engagement Guide	The Community Engagement Guide is a tool developed by King County Public Health which promotes effective engagement and customer service with all county communities. Engagement activities include a range of approaches from informing residents to community-led efforts.	http://www.kingcounty.gov/exec/equity/~/media/exec/equity/documents/CommunityEngagementGuideContinuum2011.ashx
Creating and Maintaining Partnerships and Coalitions	Creating and Maintaining Partnerships and Coalitions from the Community Tool Box provides an extensive number of partnership tools that extend the entire process from selecting coalition membership to sustaining engagement of all parties and includes ideas and tools to ensure participation among diverse populations.	http://ctb.ku.edu/en/dothework/tools_tk_content_page_72.aspx

Section IV. Applying a Health Equities Lens to the Design and Selection of Strategies

Resource	Description	Location
Building Multisectoral Partnerships for Population Health and Health Equity	This article by Fawcett and colleagues highlights key recommendations for strengthening collaborative partnerships to ensure the health of populations.	http://www.cdc.gov/pcd/issues/2010/nov/10_0079.htm
Coalitions: State and Community Interventions	This Best Practices for Comprehensive Tobacco Control Programs User Guide from CDC focuses on the critical role coalitions play in developing comprehensive programs to address tobacco.	http://www.cdc.gov/tobacco/stateandcommunity/bp_user_guide/pdfs/user_guide.pdf
BARHII (Bay Area Regional Health Inequities Initiative) Healthy Planning Guide	"This guide is intended to help public health and planning department collaborate on strategies to promote healthier communities. Each page links health risks to aspects of the build environment, outlining ways to ensure that neighborhoods are designed to support health equity and community well-being."	http://www.barhii.org/resources/downloads/barhii_healthy_planning_guide.pdf
Multnomah County Health Equity Initiative Report	A tool designed to increase understanding of the impact of health equity-focused policies and environmental strategies at varying levels.	http://web.multco.us/health/health-equity-initiative
CDC DNPAO Guidance documents	CDC Guide to Strategies to Increase Physical Activity CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables	http://www.cdc.gov/obesity/resources/recommendations.html
Recommended Community Strategies and Measurements to Prevent Obesity in the United States	This MMWR report describes 24 strategies and associated measurements to plan and monitor environmental and policy-level changes for obesity prevention recommended by an expert panel.	http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm
Recommended Community Strategies and Measurements to Prevent Obesity in the US:	The Implementation and Measurement Guide was developed by CDC to guide strategic investments of local governments aimed at promoting healthy eating and active living at the policy and environmental level.	http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf

Resource	Description	Location
Implementation and Measurement Guide		
Tools for Developing, Implementing, and Evaluating State Policy	This article describes CDC Division for Heart Disease and Stroke Prevention efforts to create tools to help state programs decide on the best policies to focus their efforts on to prevent heart disease and stroke.	http://www.cdc.gov/pcd/issues/2008/apr/07_0210.htm
A Systems-Oriented Multilevel Framework for Addressing Obesity in the 21st Century	This editorial article outlines a multilevel framework to address obesity. The article includes a theoretical framework, an exploration of the formation of cross-disciplinary research questions relating to obesity, the need for structural modifications, and recommendations for capacity building.	http://www.cdc.gov/pcd/issues/2009/jul/09_0013.htm
Seattle-King County Equity Impact Review Tool	"The Equity Impact Review (EIR) tool is both a process and a tool to identify, evaluate, and communicate the potential impact – both positive and negative – of a policy or program on equity."	http://www.kingcounty.gov/exec/~/media/exec/equity/documents/KingCountyEIRTool2010.ashx
First Things First: Prioritizing Health Problems	This document provides numerous techniques for prioritizing the options exist including multi-voting technique, strategy grids, or the nominal group process.	http://chfs.ky.gov/NR/rdonlyres/B070C722-31C1-4225-95D5-27622C16CBEE/0/PrioritizationSummariesandExamples.pdf

Section V. Monitoring and Evaluating Progress

Resource	Description	Location
The CDC Framework for Program Evaluation in Public Health	The framework guides public health professionals in their use of program evaluation. It is a practical, nonprescriptive tool, designed to summarize and organize essential elements of program evaluation.	http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm
Physical Activity Evaluation Handbook	The CDC's Physical Activity Evaluation Handbook contains an excellent description of the planning and evaluation of individual, environmental, and policy strategies to improve physical activity at the state and local level. It also contains easy to use tools to guide you through the evaluation process.	http://www.cdc.gov/nccdphp/dnpa/physical/handbook/pdf/handbook.pdf
Policy/Program Evaluation Planning Framework	The Policy/Program Evaluation Planning Framework was developed by the Center for Training and Research Translation (TRT) of the University of North Carolina at Chapel Hill. This innovative framework, based on the CDC Program Evaluation Framework, is a logic model tailored to policy and other programs.	http://www.center-trt.org/index.cfm?fa=evidence.evaluation
The Art and Science of Evaluation: Sound Methods for Evaluating Environmental Change	The Art and Science of Evaluation: Sound Methods for Evaluating Environmental Change webinar describes indicators used to evaluate policy level changes to reduce obesity in Massachusetts. This webinar is part of the Healthy People Healthy Places Webinar Series.	http://www.convergencepartnership.org/atf/cf/%7B245a9b44-6ded-4abd-a392-ae583809e350%7D/THE%20ART%20AND%20SCIENCE%20OF%20EVALUATION-S.RIDINI.PDF
Center TRT	The Center of Excellence for Training and Research Translation (Center TRT) has developed an Obesity Prevention Program which provides resources to support the planning, implementation, and evaluation of evidence-supported nutrition, physical activity and obesity prevention interventions that are research-tested and practice-tested.	www.center-trt.org
Nutrition and Obesity Policy Research & Evaluation Network (NOPREN)	NOPREN is a thematic research network of the Prevention Research Centers program. Their site provides links to Prevention Research Center presentations and pilot projects.	www.nopren.org
Community Guide	The Guide to Community Preventive Services is designed to guide the choice of programs and policies for health concerns, including health equity, nutrition, physical activity, and obesity.	www.thecommunityguide.org

Resource	Description	Location
Bridging the Evidence Gap in Obesity Prevention: A Framework to Inform Decision Making	The Institute of Medicine (IOM) developed this action-oriented framework, L.E.A.D. (Locate evidence, Evaluate it, Assemble it, and inform Decision), to guide the generation and use of evidence in decision making about obesity prevention policies and programs.	www.iom.edu/obesityframework
Framework and Tools for Evaluating Progress toward Desired Policy and Environmental Changes: A Guidebook Informed by the NW Community Changes Initiative	This guidebook describes a multi-component methodology for evaluating policy and environmental change, and it provides examples of how strategy maps have been used to guide obesity prevention and control program evaluation in a number of communities in Oregon.	http://nwhf.org/images/files/NW_Community_Changes_Guidebook_2010.pdf

Section VI. Ensuring Sustainability

Resource	Description	Location
Sustainability Framework	Developed by the Washington University's Center for Tobacco Policy Research (CTPR), this framework describes 9 domains of sustainability that can be used to measure an organization's capacity for sustainability. The CTPR also developed a Program Sustainability Assessment Tool and Sustainability Action Plan Templates that identify strengths and challenges to program sustainability and are designed to inform a plan for program sustainability.	http://cphss.wustl.edu/Projects/Pages/Sustainability-Framework-and-Assessment-Tool.aspx
The Multnomah County Health Department Sustainability Guidelines	The Multnomah County Health Department developed four guidelines for sustainability related to their Environmental Health Initiative that are applicable to sustaining obesity prevention initiatives that focus on addressing inequities.	http://www.naccho.org/topics/modelpractices/database/practice.cfm?practiceID=676
Mass in Motion	Mass in Motion is Massachusetts' cross-agency initiative to promote healthier eating and physical activity.	http://hria.org/community-health/funding-opportunities/mass-in-motion.html
Arkansas Coalition for Obesity Prevention	The Arkansas Coalition for Obesity Prevention (ArCOP) is an excellent example of the coalition approach to address obesity at the policy and environmental change level. ArCOP is made up of individuals from a diverse group of organizations, including businesses and governmental, philanthropic, and academic organizations.	http://www.arkansasobesity.org/

Section VII. Developing Culturally Relevant Health Communications and Marketing Strategies

Resource	Description	Location
A Public Health Communication Planning Framework	An online tool that provides an overview of an approach for communication planning.	http://samples.jbpub.com/9780763771157/71157_CH02_019_038.pdf
Washington Department of Health Community Action Plans	The Washington Department of Health used a coalition approach to develop community action plans that focus on environmental and policy approaches to increasing physical activity and healthy eating.	http://www.cdc.gov/nccdphp/DNPAO/socialmarketing/pdf/Washington_0906.pdf
Cultural Competency in Obesity Prevention	An excellent presentation of a framework for viewing culture and obesity through a health equity lens can be found at Cultural Competency in Obesity Prevention.	http://www.thecmafoundation.org/projects/ObesityGeneralPDFs/Lyndall Ellingson presentation.pdf
The Network for a Healthy California Retail Program	The Network for a Healthy California Retail Program has developed sophisticated materials for promoting fruits and vegetables, available to merchants statewide.	http://www.cdph.ca.gov/programs/cpns/Pages/AboutUs.aspx
Brief from Robert Wood Johnston Foundation	For an excellent guide on developing appropriate messaging, see the following brief from The Robert Wood Johnson Foundation Commission to Build a Healthier America.	http://www.rwjf.org/files/research/commissionmessagetranslationissuebrief20091207.pdf
Obesity Prevention Social Marketing Guidebook	USF Health Sciences Center's Obesity Prevention Coordinators' Social Marketing Guidebook provides a detailed description of the steps to develop a social marketing plan to address obesity. The appendices contain valuable tools that you can use to execute each step.	http://health.usf.edu/NR/rdonlyres/1F6E6B64-967D-45D1-8BC1-357EC9B3BC30/24125/ObesityPreventionCoordinatorsSocialMarketingG.pdf
DNPAO Website on Social Marketing Resources	DNPAO Website on Social Marketing Resources provides a compendium of resources on social marketing techniques that can be used to address obesity disparities. These include efforts targeted at policy and environmental level change.	http://www.cdc.gov/nccdphp/dnpao/socialmarketing/index.html